

Form No. 1

## (1) PLACE OF BIRTH

County of *Lee Co*Township of *Janet*

or

Inc. Town of *Hamden*City of *Hamden*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

*Therues gater*

File No.—For State Registrar Only

43398

Registration District No. *3005*Registered No. *79*  
(For use of Local Registrar)

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>one</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 13, 1922</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Lirin gater*(9) PRESENT POSTOFFICE OF FATHER *Hamden S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *24*  
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lure House*(15) PRESENT POSTOFFICE OF MOTHER *Hamden S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *21*  
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 a.m.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *efrus R. Brown*(24) State whether Physician or Midwife *mid wife*(25) Address of Physician or Midwife *Hamden S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Dec 23, 1922* (28) *J. A. Aultman*  
Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.