

(1) PLACE OF BIRTH

County of GreeneTownship of Centeror
Inc. Town ofor
City of

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

Registration District No. 35-22 Registered No. 217
(For use of Local Registrar)(2) Full Name of Child Willie Perry

If child is not yet named, make supplemental report as directed

(3) HUSBAND OR
FATHER(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucinda Hunter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeWestminster S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 28 is signed by mark)

(27) Filed

Jan 6 1916 (28) N. H. Cole
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.

MAKING REPLYING INSTRUCTIONS: THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
 CHIEF OF COLUMBIA

File No.—For State Registrar Only

46950