

NEW YORK. PLACING CHILDREN IN THE HOSPITALS. WITH UNPAID FEE—THIS IS A PERMANENT RECORD. N. B.—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 2.

(1) PLACE OF BIRTH		COUNTY OF <u>Union</u>		TOWNSHIP OF <u>Union</u>		INC. TOWN OF		CITY OF		REGISTRATION DISTRICT NO. <u>4207</u>		REGISTERED NO. <u>15</u>	
(2) Full Name of Child <u>Mary Sturdy</u>										(3) BOY OR GIRL <u>Girl</u>			
(4) Twin or Triplet? <u>No</u>										(5) Number in order of birth <u>1</u>			
(6) Are Parents Married? <u>Yes</u>										(7) DATE OF BIRTH <u>July 26</u>			
(8) FATHER'S NAME <u>Mrs. M. Sturdy</u>										(9) MOTHER'S NAME <u>Mary Stewart</u>			
(10) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>										(11) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>			
(12) COLOR OR RACE <u>Caucasian</u>										(13) AGE AT LAST BIRTHDAY <u>19</u>			
(14) BIRTHPLACE <u>Union S.C.</u>										(15) OCCUPATION <u>Domestic</u>			
(16) Number of children born to mother, including present birth <u>One</u>										(17) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*													
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7:40</u> A.M. on the date above stated.													
(23) (Signature) <u>B. G. ...</u>													
(24) State whether Physician or Midwife <u>Midwife</u>													
(25) Address of Physician or Midwife <u>Union S.C.</u>													
(26) Witness <u>D. S. ...</u>													
(27) Filed <u>Feb 29 1916</u>													
(28) Local Registrar <u>D. S. ...</u>													

*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.