

MARGIN RESERVED FOR BUNDLING.

WHITE PLAINS. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIFTH CHILD, No. 1 THIS OFFICE, No. 2, etc. in question 2

State of Delaware, Delaware, D.

(1) PLACE OF BIRTH

County of *Delaware*

Township of *Johnston*

OR

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4005*

File No.—For State Registrar Only

2519

Registered No. *52*

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Maria Ann Whistler

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet? *No*

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Jan 11 1905

(Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Carlyle Whistler

(9) PRESENT POSTOFFICE OF FATHER

Empire 3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

DE

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Smith

(15) PRESENT POSTOFFICE OF MOTHER

Empire 3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(18) BIRTHPLACE

DE

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Louise Smith* on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 5 1905

(28) 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.

At no time, however, even once, it must not be reported as stillborn before the fifth month of pregnancy.