

(1) PLACE OF BIRTH

County of Sanford

Township of Middle

or
Inc. Town of

or
City of

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

(2) Full Name of Child

Amey Roberson

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Y

(7) DATE OF

BIRTH... Sept 10, 19...
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

7

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Levin Roberson

(15) PRESENT POSTOFFICE OF MOTHER

W. H. G. Co.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY.....
(Years)

(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, Levin at, 6 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(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..... (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.