

(1) PLACE OF BIRTH

County of *Winthrop*Township of *Durham*

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 *Nancy Curran*

File No.—For State Registrar Only

1880

Registration District No. *274*Registered No. *19*

(For use of Local Registrar)

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth *1*
To be answered only in event of Twin or Triplet(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Jan 24 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(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 *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucinda Curran*(15) PRESENT POSTOFFICE OF MOTHER *Curran*(16) COLOR OR RACE *Col*(17) AGE AT LAST BIRTHDAY *33*
(Years)(18) BIRTHPLACE *Ab*(19) OCCUPATION *laborer*(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 *born alive* *4 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Nancy Curran*

(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 mother)

(27) Filed *Feb 4 27* (28) *T. H. Miller* 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.