

(1) PLACE OF BIRTH

County of

Township of

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

Sarah Lee McPherson

(3) ~~Boy or Girl?~~

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH

Oct 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eddie A. McPherson

(9) PRESENT POSTOFFICE OF FATHER

Spauldubury S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Printing Office

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Venia Coan

(15) PRESENT POSTOFFICE OF MOTHER

Spauldubury S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Year)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

(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

Alive

at 11:30 P.M.

on the date above stated.

(23) (Signature)

H. McPherson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spauldubury S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-1-1922

(28) J. S. Copes

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.