

Med

(1) PLACE OF BIRTH County of <u>Greenwood</u> Township of <u>"</u> or Inc. Town of <u>"</u> or City of <u>"</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <u>Minnie & Audrey Louise</u>		Registration District No. <u>73a</u> Registered No. <u>130</u> (For use of Local Registrar)	
(3) Boy or GIRL?		(4) Twin or Triplet?		(5) Number in order of birth	
(6) Are Parents Married? <u>yes</u>		(7) DATE OF BIRTH <u>March 20th</u> (Name of Month) (Day) (Year)		(8) If child is not yet named, make supplemental report as directed	
FATHER		MOTHER			
(9) FULL NAME <u>James Louis</u>		(10) NAME BEFORE MARRIAGE <u>Louise Arnold</u>			
(11) PRESENT POSTOFFICE OF FATHER <u>Greenwood S.C.</u>		(12) PRESENT POSTOFFICE OF MOTHER <u>Greenwood S.C.</u>			
(13) COLOR OR RACE <u>W</u>		(14) AGE AT LAST BIRTHDAY <u>24</u> (Years)		(15) COLOR OR RACE <u>white</u>	
(16) BIRTHPLACE <u>K.C.</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		(18) BIRTHPLACE <u>Greenwood S.C.</u>	
(19) OCCUPATION <u>mill operator</u>		(20) OCCUPATION <u>housewife</u>			
(21) Number of children born to mother, including present birth <u>15</u>		(22) Number of children of this mother now living, including present birth <u>15</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was born <u>alive</u> on the date above stated.					
(24) (Signature) <u>[Signature]</u>					
(25) State whether Physician or Midwife <u>Midwife</u>					
(26) Address of Physician or Midwife <u>Greenwood S.C.</u>					
Given name added from a supplemental report					
(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(28) Filed <u>Nov 11 1915</u> (29) <u>W.A. Williams</u> 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.

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