

(1) PLACE OF BIRTH

County of RichTownship of 4or
Inc. Town of 4or
City of 4

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

(2) Full Name of Child Ida CarolineFile No.—For State Registrar Only
41009Registration District No. 6a Registered No. 60
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 10, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME L. J. Worthington(9) PRESENT POSTOFFICE OF FATHER Beaufort(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Lowndes County Ga(13) OCCUPATION Police Officer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia P. Johnson(15) PRESENT POSTOFFICE OF MOTHER Beaufort(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Lowndes Ga(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 6 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Clara X Brown(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Midwife Beaufort

See name added from a supplemental report

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

(26) Filed Jan 2, 1923 (27) Thos Keen 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.