

## (1) PLACE OF BIRTH

County of BegunatTownship of St. Helenaor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 604 Registered No. 30  
(For use of Local Registrar) St.; ..... Ward)(2) Full Name of Child Free Fields

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

|                                       |                                   |   |                                       |   |
|---------------------------------------|-----------------------------------|---|---------------------------------------|---|
| (3) <u>BOY OR GIRL</u><br><u>Male</u> | (4) Twin or Triplet?<br><u>No</u> | (5) Number in order of birth<br><u>1</u><br><small>To be marked in event of Twins or Triplets</small> | (6) Are Parents Married?<br><u>No</u> | (7) DATE OF BIRTH<br><u>2</u> <u>4</u> <u>1916</u><br><small>(Name of Month) (Day) (Year)</small> |
|---------------------------------------|-----------------------------------|---|---------------------------------------|---|

## FATHER.

(8) FULL NAME Lucy White

(9) PRESENT POSTOFFICE OF FATHER .....

(10) COLOR OR RACE .....

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

(12) BIRTHPLACE .....

(13) OCCUPATION .....

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Free Fields

(15) PRESENT POSTOFFICE OF MOTHER Wilkins St.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 18

(18) BIRTHPLACE Beaufort Co

(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 born at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Wilkins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wilkins St.

Given name added from a supplemental report

Geo. Sears 101  
Registrar

(26) Witness

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

(27) Filed 7/18 1916(28) Geo. Sears 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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