

County of Washington...
 Township of
 Inc. Town of Fairville...
 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 Harry Coyne Ryan... If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1st</u>	(4) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>P. H. Ryan</u>			(14) NAME BEFORE MARRIAGE <u>Vivian Dubois</u>	
(9) PRESENT RESIDENCE <u>Fairville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fairville S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Insurance Work</u>			(19) OCCUPATION <u>Fairville S.C.</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (live, stillborn, or M.) on the date above stated. (M. or F.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Fairville S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
[Signature]
 (27) Filed July 14 23 (28) Local No. W. J. M. Ryan
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.
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