

1) PLACE OF BIRTH

County of Columbia
Municipality of LanderTown of
or

City of

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

Full Name of Child Maggie Mary GaultFile No. — For State Registrar Only
17306Registration District No. 1407 Registered No. 7
(For use of Local Registrar)(1) SEX OF CHILD Girl (2) Twin or Triplet? No (3) Number in order of birth 1st (4) Are Parents Married? No (5) DATE OF BIRTH June 18 23
(Name of Month) (Day) (Year)FATHER.
FULL NAME Mr. Mary GaultPRESENT PLACE OF FATHER out in townCOLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33
(Years)BIRTHPLACE East in townOCCUPATION HousekeeperNumber of children born to present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Hamilton(15) PRESENT POSTOFFICE OF MOTHER Green Pond St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE East 60 St.(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Manda Landon (23) State whether Physician or Midwife (24) Address of Physician or Midwife
Medford Green Pond St.

Time and date from a supplemental report

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Registrar

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

(27) Filed June 23 191... (28) B. S. Huggins Local Registrar

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.

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.