

FATHER.		MOTHER.	
(1) SEX OF CHILD Boy	(2) Type of Child It is a normal child of full term.	(3) SEX OF CHILD yes	(4) DATE OF BIRTH Oct 19 1913
(5) FULL NAME OF CHILD Max Hyson King		(6) If child is not yet named, make supplemental report as directed	
(7) NAME BEFORE MARRIAGE Geo W. King		(8) NAME BEFORE MARRIAGE Hettie S. Bryant	
(9) PRESENT RESIDENCE OF FATHER Townsville		(10) PRESENT RESIDENCE OF MOTHER Townsville	
(11) COLOR OF FATHER White		(12) COLOR OF MOTHER White	
(13) AGE AT LAST BIRTHDAY 48		(14) AGE AT LAST BIRTHDAY 36	
(15) BIRTHPLACE SC		(16) BIRTHPLACE SC	
(17) OCCUPATION Farmer		(18) OCCUPATION Housewife	
(19) Number of children born to mother, including present birth 10		(20) Number of children of this mother now living, including present birth 10	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **born alive or stillborn** (Mark A. M. or P. M.) on the date above stated.

(22) (Signature) **J. M. Hyson**

(23) State whether Physician or Midwife **Physician**

(24) Address of Physician or Midwife **Townsville S.C.**

Given name added from a supplemental report **M.B. Woodward M.D.**

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) **J. M. Hyson**

(26) Local Registrar **J. M. Hyson**

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

question 23 is signed by mark) **Oct 20 1913**

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