

(1) PLACE OF BIRTH

County of

Lebanon

Township of

Harrison

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. 148

Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <i>Girl</i>	(4) Type of Infant To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>Feb. 2, 1923</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Marion Trimm</i>			(14) NAME BEFORE MARRIAGE <i>Bessie Landers</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Gaffney, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Gaffney, S.C.</i>	
(10) COLOR OR RACE <i>W.</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Years)	(16) COLOR OR RACE <i>W.</i>	(17) AGE AT LAST BIRTHDAY <i>19</i> (Years)	
(12) BIRTHPLACE <i>St. Louis, Mo.</i>			(18) BIRTHPLACE <i>Anderson Co. - S.C.</i>	
(13) OCCUPATION <i>Textile</i>			(19) OCCUPATION <i>Wife</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *175 lb.*
on this date above stated. (Born alive or stillborn) (Born or died on N. H.)

(23) (Signature)

(24) (Witness)

(25) (Address of Physician or Midwife)

Given under my hand

Witness

Signature of Witness necessary only when question 22 is signed by mark

Local Registrar

Local Registrar, etc., should make this return. No report is desired of attendance.