

File No.—For State Registrar Only

40874

State Board of Health

Registration District No. 310

Registered No. 116
(For use of Local Registrar)

(No. St.; Ward

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

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

(7) DATE OF BIRTH.....12 24 33
(Name of Month) (Day) (Year)

(14) NAME BEFORE MARRIAGE **MOTHER.** *Bertha Smith*

(15) PRESENT POSTOFFICE OF MOTHER *Antonia, S.C.*

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Eastman, Ga.

(10) OCCUPATION

14 acres

(21) Number of children of this mother now living, including present birth { one }

(22) I hereby certify that I attended the birth of this child, who was . . . Adeline . . . at . . . 11 . . . M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

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

(27) Filed Jan 10 1923 (28) N. H. Deane
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.