

(1) PLACE OF BIRTH

County of GreeneTownship of Wagneror
Inc. Town ofor
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 Adyleen Myster

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

(3) BOY OR GIRL
W

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 26
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

{ One }

MOTHER.

(14) NAME BEFORE MARRIAGE
Delia Myster(15) PRESENT POSTOFFICE OF MOTHER
West Union(16) COLOR OR RACE
W(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE
Greene Co S.C.(19) OCCUPATION
House work

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

{ One }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:35 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. A. McLees

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Wallalla St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 5 1916(28) R. A. McLees

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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. H.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Greene Co. Columbia

Registrar