

## File No.—For State Register Only

342

Registration District No. 702 Registered No. ....  
(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.)

(1) DOB ON CARD <i>girl</i>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(3) Number in order of birth <i>1</i>	(5) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan-23</i> (Month) (Day) (Year)
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(9) PRESENT POSTOFFICE OF FATHER Ridgelyville St

(10) BIRTHPLACE Berkeley Co	(10) BIRTHPLACE Berkeley Co
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(2) Number of children born to mother, including present birth 4

(71) Number of children of this mother now living, including present birth 11

(22) I hereby certify that I attended the birth of this child, who was... Alive ...at... 9 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Grady  
(24) State whether Pharmacist or Midwife Pharmacist of Pharmacy or Midwife

Given name added from a supplement-  
-al

inid 88-72 Holly Walker

(20) Witness .....  
(Signature of Witness necessary only  
when question is raised by party)

(27) Filed Feb 7 1923 D. F. Smith

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 first sunrise.