

(1) PLACE OF BIRTH

County of AikenTownship of WindsorOR
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 Caray Bell Hursh If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin <u>yes</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 2, 1932</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Hursh

(9) PRESENT POSTOFFICE OF FATHER White Pond

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Aiken Co

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Frazer

(15) PRESENT POSTOFFICE OF MOTHER White Pond

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Bamberg Co

(19) OCCUPATION farm work

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Yu Lane

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) File June 2, 1932 (28) O. L. Weeks 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.