

N. B.—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.

(1) PLACE OF BIRTH

County of Conroe

Township of Seneca

OR
Inc. Town of

OR
City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruth Indalia Vinson

File No.—For State Registrar Only

19601

Registration District No. 3502 Registered No. 96
(For use of Local Registrar)

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 18, 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME W. B. Vinson
9) PRESENT POSTOFFICE OF FATHER Seneca SC R 7 D 1
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)
12) BIRTHPLACE SC
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Ada Owens
15) PRESENT POSTOFFICE OF MOTHER Seneca SC R 7 D 1
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)
18) BIRTHPLACE SC
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Marex
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seneca S.C.

Given name added from a supplemental report

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

(27) Filed 7/10/22 19 22 (28) Seneca S.C.
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.

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