

County of Franklin

10

City of **Los Angeles**

(2) Full Name of Child

STATE OF SOUTH CAROLINA

State Board of Health

800 641 641 (For use of local registrant)

(If the respondent is a member of a religious, labor, or other institution, give name of same instead of street and number.)

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

(17) DATE OF BIRTH: 11-23-1923

MOTHER.

(10) NAME BEFORE MARRIAGE Louise J. Richards

(18) PRESENT POSTOFFICE OF MOTHER F. L. [unclear]

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(10) BIRTHPLACE _____

(10) OCCUPATION
Housewife

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(25) (Signature) _____
(26) State whether Physician or Midwife _____ (27) Address of Physician or Midwife _____

0000 Witness (signature of Witness necessary only
if the question is signed by mark)

When there was no attendance at school, the father, householder, etc., should report the absence of the child to the school as soon as possible. No report is desired of children who are absent on account of illness or pregnancy.