

File No.—For State Registrar Only

42892

Registration District No......**Registered No.**.....

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(5) Number in
order of birth
of Twins or Triplets

(7) DATE OF BIRTH..... Sept 12, 1927
(Name of Month) (Day) (Year)

(14) NAME BEFORE MARRIAGE *Dollie Yadsen*

(15) PRESENT POSTOFFICE OF MOTHER *Yarnett. S.C. R.F.D. #*

(16) COLOR OR RACE Black - (17) AGE AT LAST BIRTHDAY.....51.....
(Years)

(18) BIRTHPLACE

(19) OCCUPATION *Farm work.*

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (25) Address of Physician or Midwife Barnett - S. C. R. 35
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(20) Witness _____
(Signature of Witness necessary only
when question 23 is signed by marks)

(27) Filed 9.26.15 (28) Gas C Richardson
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.

W. F. Ellis & R.