

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.

50474

(2) Full Name of Child..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 4, 1946</u> (Name of Month) (Day) (Year)
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MOTHER.

(14) NAME BEFORE MARRIAGE Winnester Kellie

(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D. 2

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION Housekeeping

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

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

(23) (Signature) L. J. Altman

(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) Filed 7/6/191... (28) 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.