

FORM NO. 2  
MARGIN RESERVED FOR INDEXING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 2.  
McCauley of Columbia.

(1) PLACE OF BIRTH  
County of Charlottesville  
Township of Charlottesville  
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.)  
Registration District No. 4008 Registered No. 398  
(For use of Local Registrar)

(2) Full Name of Child hanna kullman { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept. 31</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>hanna kullman</u>
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth { ..... / .....

MOTHER.

(14) NAME BEFORE MARRIAGE <u>hanna kullman</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>hanna kullman</u>
(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(18) BIRTHPLACE <u>Charlottesville</u>
(19) OCCUPATION <u>housewife</u>
(21) Number of children of this mother now living, including present birth { ..... / .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. A. Martin

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

Given name added from a supplemental report ....., 191..... ..... Registrar	(26) Witness (Signature of Witness necessary only when question 25 is signed by mark) <u>Jan 4 1916</u> (27) Filed <u>Jan 4 1916</u> (28) <u>W. F. Barker</u> Local Registrar
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\*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.

With month or pregnancy.

\*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.