

Form No 1.

(1) PLACE OF BIRTH

County of BarnstableTownship of Yarmouth

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63232

Registration District No. 605 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Carlina Lee Putney

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? None(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH June 15, 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Putney, Mr. Putney(9) PRESENT POSTOFFICE OF FATHER Savannah, Ga(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE North Carolina(13) OCCUPATION Telephone Examiner(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Wyle, Emma(15) PRESENT POSTOFFICE OF MOTHER Savannah, Ga(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Barnstable County

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at about 6 P. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) E. L. J. H. H.

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

Physician 1440 1/2 St.

Given name added from a supplemental report

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

(27) Filed July 1914 (28) E. L. J. H. H. 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.

MARGIN RESERVED FOR BINDING.

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 5.

Cav. of Columbia