

File No.—For State Registrar Only

~~4008~~

Registered No. 12.....
(For use of Local Registrar)

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City of (No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make

(2) Full Name of Child _____

(2) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Sex <i>Female</i>	BIRTH <i>Feb 12, 1943</i> (Name of Month) (Day) (Year)
				MOTHER

(14) NAME BEFORE MARRIAGE Annice Hart

PRESENT POSTOFFICE OF FATHER Traders Rest, S.C.

PRESENT POSTOFFICE OF MOTHER Same

COLOR W AGE AT LAST BIRTHDAY 19

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (12) OR RACE W (13) BIRTHPLACE 156

(13) OCCUPATION S. G.

7

27) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I, Dr. J. H. Smith, do hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at Hour A. M. or P. M. on 6-30-19

(23) I hereby certify that I am married on the date above stated.

(23) (Signature) C. C. Strand

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1000 1st St. N. Minneapolis, Minn.

Given name added from a supplement.

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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.

11-2-1964