

File No.—For State Registrar Only

4173

Registration District No. 26N Registered No. 19
(For use of Local Registrar)

Registered No.
(For use of Local Registrar)

(No. St.; Ward)
(If not known, give name of street and number.)

(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 supplemental report as directed.

(3) BOY OR

(4) Twin or Triple?

(5) Number in order of birth

2 (5) Are Parents Married?

(7) DATE OF BIRTH Feb 15 1922

FATHER.

4721 Dwyer Ham.

3) PRESENT POSTOFFICE OF FATHER Trille SC

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY.....34 (Years)

(12) BIRTHPLACE W. L. C.

13. OCCUPATION Dr

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Sam

(15) PRESENT POSTOFFICE OF MOTHER J. viller S. C.

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY..... *32* (Years)

(18) BIRTHPLACE 10

(19) OCCUPATION Domestic

(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... alive ... at... .. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Leah D. Davis

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness (Signature of Witness necessary only when question 23 is signed by mark) *M-L*

(27) Filed Mar. 8, 1932 (28) R. H. Nelson
Local Registrar.

***** 19 (27)
 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.