

28376

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

(2) Full Name of Child Richard L. Gunn

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin <del>Triplet</del> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 15 1932</i> (Name of Month) (Day) (Year)
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# FATHER.

# MOTHER

(8) FULL NAME *Tom Agan*

(9) PRESENT POSTOFFICE OF FATHER *Edgemoor S.C. R#1*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *31* (Years)

(12) BIRTHPLACE *York County*

(13) OCCUPATION *Farmy*

(20) Number of children born to mother, including present birth *11*

(14) NAME BEFORE MARRIAGE *Mary Blake*

(15) PRESENT POSTOFFICE OF MOTHER *Edgmont S. S. R. H.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *31* (Years)

(18) BIRTHPLACE *York County*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *9*

**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)**

(24) State whether Physician or Midwife

**(25) Address of Physician or Midwife**

Given name added from a supplement-  
tal report

(26) Witness

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

**(27) Filed**

(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.

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