

FORM NO. 1.

## (1) PLACE OF BIRTH

County of York  
Township of Catawba

or

Inc. Town of

or

City of Leslie S.C.

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

Registration District No. 4404 Registered No. 163

(For use of Local Registrar)

(2) Full Name of Child John Robert Funk

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>3</u> <small>Take answer only in case of twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 22, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

(8) FULL NAME <u>Charles E. Funk</u>	(14) NAME BEFORE MARRIAGE <u>Bea Reynolds</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Leslie S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leslie S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis X. Steel(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rodney S. P.

Given name added from a supplemental report

Registrar

(26) Witness M. Patton  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/10/1914 (28) J. R. Meier  
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.

McCLAW of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.