

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. for State Registrar Only

3015

County of BeaufortTownship of St. StephensInc. Town of St. Stephens

City of

Registration District No. 705Registered No. 76
(For use of Local Registrar)

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

(2) Full Name of Child Margaret Evelyn Russell

(a) SEX OF CHILD <u>3</u>	(b) Type or Fringe	(c) Number in order of birth	(d) Sex of Mother <u>Yes</u>	(e) DATE OF BIRTH <u>Jan 9 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(1) FULL NAME R. B. Russell(2) PRESENT RESIDENCE OF FATHER St. Stephens(10) COLOR OF SKIN White (11) AGE AT LAST BIRTHDAY 42
(Year)

(12) BIRTHPLACE

(13) OCCUPATION InsuranceSea-riding(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Kintwell(15) PRESENT RESIDENCE OF MOTHER St. Stephens(16) COLOR OF SKIN White (17) AGE AT LAST BIRTHDAY 40
(Year)(18) BIRTHPLACE St. Stephens(19) OCCUPATION HousewifeHousewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(23) (Signature) L. I. Bryson M. D.(24) State whether Physician or Midwife St. Stephens

Given name added from a supplemental report

(25) Witness

(26) Date Feb 9 1923 (27) W. H. J. ...

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required or allowed before the fifth month of pregnancy.