

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 1st, 2nd, 3rd, etc., of the litter.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Form No. 1.

(1) PLACE OF BIRTH
 County of Timmons
 Township of Timmons
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 7015 Registered No. 173
 (For use of Local Registrar)

File No.—For State Registrar Only
42869

(2) Full Name of Child Ellie Moon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet?	(5) Number in order of birth <small>to be assigned only in case of twins or triplets</small>	(6) Age <u>Mo</u> <small>Months</small>	(7) DATE OF BIRTH <u>Nov. 13</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Clair Moon</u>	(14) NAME <u>Ellie Moon</u>	(9) RESIDENT POSTOFFICE OF FATHER <u>TIMMONSVILLE, S. C.</u>	(15) RESIDENT POSTOFFICE OF MOTHER <u>TIMMONSVILLE, S. C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>S. C.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>6</u>	(22) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at Timmons on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Laurel A. ...
 (25) State, whether Physician or Midwife
Midwife
 (26) Address of Physician or Midwife
TIMMONSVILLE, S. C.

Given name added from a supplemental report

 Registrar

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

 (28) Filed
 (29) Ellie Moon
 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 sixth month of pregnancy.