

File No.—For State Registrar Only

County of Flavence

Township of Florence

or  
Inc. Town of.....

or  
City of .....

Registration District No. 2005 Registered No. 73  
(For use of Local Registrar)

(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 Bobby Lee Large { If child is not yet named, make supplemental report as directed }

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>✓</i> <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth <i>✓</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>12/10/83</i> 19 <i>83</i> (Name of Month) (Day) (Year)
------------------------------	---	---------------------------------------	-------------------------------------	--

**FATHER.**

8) FULL NAME John King, Langer

9) PRESENT POSTOFFICE OF FATHER *Flomica SC*

(10) COLOR OR RACE W. I. D. (11) AGE AT LAST BIRTHDAY 33

(12) BIRTHPLACE 2 C.

(13) OCCUPATION

Form

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

..... 2

**CERTIFICATE OF ATTENDIN**

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Essie Harris*

(15) PRESENT POSTOFFICE OF MOTHER *Florence RC*

(16) COLOR OR HAIR *white* (17) AGE AT LAST BIRTHDAY *27*

(18) BIRTHPLACE 25

(19) OCCUPATION

Housewife

(21) Number of children of this mother  
new living, including present birth { 2

**PHYSICIAN OR MIDWIFE\***

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Active at 7:45 M.  
on the date above stated. (Born alive or stillborn) (How long after birth)

(23) (Signature) John Howard

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	1000 1st St. N. W. Wash. D. C.

Given name added from a supplemental report

(26) Witness .....

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

12-15 P.H. Baidam

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.

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.