

Pay No.—For State Engineer Only

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Registered No. 43.....
(For use of Local Registrar)

(No. Et.) Word)

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

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

DATE OF BIRTH 1/1/1941

To be covered with a valid living will

(Name) (Month) (Day) (Year)

NOTHING

Jessie Hancock

Asbury Hall S.C.

28

A.C.-

7 Laure w/hi

_____ True

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Shirley ... at 12 M. on 10 M. 1945
on the date above stated. (Born alive or still born) (How M. or P. M.)

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(37) Filed May 1 1942 (38) J. C. [Signature]
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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