

Form No 1.

(1) PLACE OF BIRTH

County of York
Township of Columbiaor
Inc. Town of
orCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child not named, (Child not yet named, make
Supplemental Report directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 13, 1915
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>J Dix or Leslie</u>	(14) NAME BEFORE MARRIAGE	<u>Nema Little</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Leslie SC.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Leslie SC.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>SC.</u>		(18) BIRTHPLACE <u>SC.</u>	
(13) OCCUPATION <u>Plants</u>		(19) OCCUPATION <u>Housewife</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>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at
(Born alive or stillborn) (Hour & M. or P. M.)
on the date above stated.(23) (Signature) J. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/14 1915 (28) J. Smith 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 2. etc., in question 5. FIRST-BORN, No. 1. THE OTHER, No. 2. etc., in question 5. McCaw, of Columbia.