

Form No. 10. MARGIN PRESERVED FOR BINDING. WITHIN 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 McCarty of Columbia.

(1) PLACE OF BIRTH *York* COUNTY OF *York* TOWNSHIP OF *Bethesda* OR Inc. Town of OR City of  
Registration District No. *4401* Registered No. *1571*  
(For use of Local Registrar)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

File No.—For State Registrar Only  
**58079**

(2) Full Name of Child *Mary Ella Stope* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *X* (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? *X* (7) DATE OF BIRTH *Mar 10 1916*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *Unknown*  
(9) PRESENT POSTOFFICE OF FATHER  
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
(12) BIRTHPLACE  
(13) OCCUPATION  
(20) Number of children born to mother, including present birth

MOTHER.  
(14) NAME BEFORE MARRIAGE *Julia Stope*  
(15) PRESENT POSTOFFICE OF MOTHER *Guthrieville*  
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *20* (Years)  
(18) BIRTHPLACE *York Co*  
(19) OCCUPATION *House + field labor*  
(21) Number of children of this mother now living, including present birth

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 A. M. or P. M.)  
on the date above stated.  
(23) (Signature) *Water Gibson*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Guthrieville*  
Given name added from a supplemental report  
(26) Witness *S. H. Rose* (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Apr 10 1916* (28) *S. H. Rose* 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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