

THESE ANSWERS ARE TO BE WRITTEN IN THE SPACES PROVIDED FOR EACH QUESTION, AND MARK THE ANSWER BY A CHECK IN THE SPACE PROVIDED FOR EACH QUESTION. IN QUESTION 3, MARK THE ANSWER BY A CHECK IN THE SPACE PROVIDED FOR EACH QUESTION.

File No.—For State Registrar Only

29037

Registered No. 33...
(For use of Local Registrar)

Registration District No. 6.4.4... Registered No. 33.....
(For use of Local Registrar)

(No. St.; Ward)

(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

(7) DATE OF BIRTH. Sept. 9 1922
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE *Mr. The Richard*

(15) PRESENT POSTOFFICE OF MOTHER *Froquese - 18*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *23*
(Year)

(18) BIRTHPLACE South Carolina

(10) OCCUPATION *Farmer*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:10 M.,
on the date above stated. 2:11 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Collier Jenkins Frognore S.C.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement
al report

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

....., 19

(27) Filed Sept 11 1922 (28) John L. Bennett
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.