

Form No. 1

(1) PLACE OF BIRTH

County of VicksburgTownship of V

or

Inc. Town of

or

City of

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

(2) Full Name of Child Alma Virginia Rex

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

(3) BOY OR GIRL <u>G</u>	(4) Twin or Triplet? <u></u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u></u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 20 22</u> (Name of Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------------------	--

FATHER		MOTHER	
(8) FULL NAME <u>Cloud Rex</u>	(14) NAME BEFORE MARRIAGE <u>Ida Sanders</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Vicksburg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Vicksburg S.C.</u>
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Name of child) (Hour A. M. or P. M.)(23) (Signature) F. S. Vortie(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Vicksburg S.C.

Given name added from a supplemental report

(26) Witness F. S. Vortie
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28) F. S. Vortie 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.

IN THIS CASE, IF A PERMANENT RECORD, FIRST-BORN, NO. 1, THIS OTHER, NO. 2, etc., in question 8.