

(1) PLACE OF BIRTH

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County of

Township of

or

Inc. Town of

City of

(If birth occurs in a hospital or other institution give name of same instead of above and address.)

(2) Full Name of Child *Mary Lydia Powers*

File No.—For State Registrar Only

5498638672

(For use of Local Registrar)

If child is not yet 1 year old, make supplemental report as directed

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE BIRTH *Nov. 26*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *White*

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth

(14) AGE AT LAST BIRTHDAY *20*

(Years)

MOTHER.

(15) NAME BEFORE MARRIAGE *Mary Ellen Sillig*

(16) PRESENT POSTOFFICE OF MOTHER *China Place*

(17) COLOR OR RACE *W.*

(18) BIRTHPLACE *Port Royal S.C.*

(19) OCCUPATION *House Wife*

(20) 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 *born alive* at *245* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *J. J. Szwed*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *11-30-1915*

(28)

S. J. Szwed
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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.