

WRITE 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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

K. McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Laurens  
 Township of .....  
 Inc. Town of .....  
 City of Laurens (No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 2-9-9 Registered No. 116 (For use of Local Registrar)  
 (2) Full Name of Child James Stephen Putnam If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Triplet <u>Single</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 12 23</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>John R Putnam</u>		(9) NAME BEFORE MARRIAGE <u>Lillie Martin</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Laurens SC</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Laurens SC</u>		
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) BIRTHPLACE <u>SC</u>
(17) OCCUPATION <u>Druggist</u>		(18) OCCUPATION <u>Domestic</u>		
(19) Number of children born to mother, including present birth <u>6</u>		(20) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. H. Seander  
 (23) (Address of Physician or Midwife) Laurens SC

Given name added from a supplement-  
 tal report  
 ..... 101  
 .....  
 Registrar

(24) Witness .....  
 (Signature of Witness necessary only  
 when question 22 is signed by mark)

(25) Filed 12/18 1923 (26) C. H. Harnedy  
 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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