

Form No. 1

(1) PLACE OF BIRTH

County of Dee

Township of

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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Antwell Washington(9) PRESENT POSTOFFICE OF FATHER S. Charles(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bina Washington(15) PRESENT POSTOFFICE OF MOTHER S. Charles(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Paul Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife S. Charles

Given name added from a supplemental report

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

(27) Filed Dec 27 22 (28) Paul Wilson 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.