

Form No. 1

(1) PLACE OF BIRTH

County of KaifieldTownship of 24or
Inc. Town ofor
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 Willie Mae Janner If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 10, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>W. F. Janner</u>			14) NAME BEFORE MARRIAGE <u>Mary Hopkins</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Drummond S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Drummond S.C.</u>	
10) COLOR OR RACE <u>White</u>			16) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			17) COLOR OR RACE <u>White</u>	
12) BIRTHPLACE <u>Lee Co.</u>			18) BIRTHPLACE <u>Lee Co.</u>	
13) OCCUPATION <u>Mach Operator</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>6</u>			21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 4:20 P. M.(23) (Signature) Samuel R. R. R. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Drummond S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. M. H. R. R.
(27) Filed Aug 10 1923 (28) Registrar W. M. H. R. R.

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.