

When there is a TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Bersley  
Township of 1st - St. Stephens  
or  
Inc. Town of  
or  
City of (No. St. Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 705 Registered No. 78  
(For use of Local Registrar)

(2) Full Name of Child Lydia Blandin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age - Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov - 15 - 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Robt Blandin</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Ann Mc Crae</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Pineville, La</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pineville, La</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Bersley Co</u>	(18) BIRTHPLACE <u>Bersley Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</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 Slave at 11 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Mc Crae  
(24) State whether Physician or Midwife  
Midwife

Given name added from a supplemental report

(25) Address of Physician or Midwife  
Pineville, La

(26) Witness R. M. Baylin  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) The Nov - 23 - 1916 (28) R. M. Baylin  
Registrar 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.