

Form No. 1

(1) PLACE OF BIRTH

County of SpartanTownship of Providenceor
Inc. Town of

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 Rhecca DeasFile No. - For State Registrar Only
22710Registration District No. 4125 Registered No. 56
(For use of Local Registrar)(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 10 (6) Are Parents Married No (7) DATE OF BIRTH July 12 23
(Month) (Day) (Year)

FATHER

(8) FULL NAME Kessen Kabbazster(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.(10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY 21
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER

(10) NAME BEFORE MARRIAGE Martha Deas(11) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.(12) COLOR OR RACE Cul (13) AGE AT LAST BIRTHDAY 15
(Year)(14) BIRTHPLACE S.C.(15) OCCUPATION Housewife(16) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Helia Deas (25) Address of Physician or Midwife Dalzell S.C.(26) State whether Physician or Midwife Midwife (27) Address of Physician or Midwife Mrs. Eva Burkett

Given name added from a supplemental report

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

(29) Filed July 26 23 (30) J. B. Rafferty 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.