

## (1) PLACE OF BIRTH

County of RichlandTownship of Lowryor  
Inc. Town of Lowryor  
City of Lowry

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Mary Loran Yelton

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

January 3, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Loran Maroon Yelton

(9) PRESENT POSTOFFICE OF FATHER

Easton A.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

Bozic N.C.

(13) OCCUPATION

Various

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jincy P. Stanton

(15) PRESENT POSTOFFICE OF MOTHER

Easton A.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

Ohio A.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

(2) Two

(21) Number of children of this mother now living, including present birth

(2) Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 10 1922

(28)

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.