

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Bishopville

or

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 Alliene M. Faden

3) SEX-OF-CHILD

(4) Twin or Triplet
To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Dec. 21, 1923
(Name of Month) (Day) (Year)

MOTHER.

1) FULL NAME

2) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

(15) BIRTHPLACE

(16) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 6 P.M., on the date above stated. (Day, date or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lenna M. Roy

(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)

Dec. 31, 1923 Mat. H. J. Loney

When there is a change of residence, the father, householder, etc., should make this return. No report is desired of pregnancy.