

1916

(1) PLACE OF BIRTH

County of GreenwoodTownship of Kirksey

or

Inc. Town of

or

City of

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

Registration District No. 2309Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Sophia Azilene Ouzts { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 4</u> <u>1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME <u>Alexander Ouzts</u>	(14) NAME BEFORE MARRIAGE <u>Alice Whitley</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Kirksey</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kirksey</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Green Co.</u>	(18) BIRTHPLACE <u>Green Co.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Alice Whitley</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Kirksey</u>
(16) COLOR OR RACE <u>white</u>
(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(18) BIRTHPLACE <u>Green Co.</u>
(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alexander Ouzts(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dr. J. H. Payne M.D.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 10 1916 (28) U.S. Armstrong 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.

WHEN PLACED, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
McGraw-Hill Co. of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.