

(1) PLACE OF BIRTH

County of BarnwellTownship of Deep Wellsor Inc. Town of Swainsboroor City of Swainsboro

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

(2) Full Name of Child Jessie O'Brien(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 15, 1921

(Name of Month) (Day) (Year)

Registered No. 2
(For use of Local Registrar)St. 1 Ward

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

FATHER

(8) FULL NAME Barnwell Boring(9) PRESENT POSTOFFICE OF FATHER Barnwell(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Barnwell(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Winifred Jackson(15) PRESENT POSTOFFICE OF MOTHER Barnwell(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Barnwell(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) on the date above stated.

(23) (Signature) William H. Boring(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness W. B. Parker

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

(26) Filed Jan. 31, 1921 (27) Mrs. Boring 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.