

File No.—For State Registrar Only
87471

Registration District No. 4002 B Registered No. 1233...

(For use of Local Registrar)

City of (No. St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William James _____ { If child is not yet named, make supplemental report as directed

(3) ROY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 11 1966</i> (Name of Month) (Day) (Year)
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MOTHER.

(8) FULL NAME **FATHER.** *Chen Luan*

(14) NAME BEFORE MARRIAGE *Ladelle Willard*

(9) PRESENT POSTOFFICE OF FATHER *Chirapunji S, Co*

(15) PRESENT POSTOFFICE OF MOTHER Cherokee St.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE *S. C.*

(18) BIRTHPLACE N. C.

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Farmer*

(20) Number of children born to _____

(21) Number of children of this mother 7

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

CERTIFICATE OF ATTENDI

PHYSICIAN OR MIDWIFE* *one alive* *630 a.m.*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was . . .
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 Dec 19 1944 (28) W. H. Johnson
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.