

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of
Township of
or
Inc. Town of
or
City of Greenwood S.C. (No. P.O. 825 St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julie Andrews (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL?	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			<u>June 6, 1922</u> (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME	<u>Mose Andrews</u>	14) NAME BEFORE MARRIAGE	<u>Zelene Ramon</u>
9) PRESENT POSTOFFICE OF FATHER	<u>Public</u>	15) PRESENT POSTOFFICE OF MOTHER	<u>Public</u>
10) COLOR OR RACE	<u>Color</u>	16) COLOR OR RACE	<u>White</u>
11) AGE AT LAST BIRTHDAY	<u>28</u> (Years)	17) AGE AT LAST BIRTHDAY	<u>25</u> (Years)
12) BIRTHPLACE		18) BIRTHPLACE	<u>Cathie Ramon</u>
13) OCCUPATION		19) OCCUPATION	<u>yes her mother</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>three</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
<u>Poissie Brooks</u>	<u>Midwife</u>	<u>Greenwood S.C.</u>

Given name added from a supplemental report
..... is Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/10/22 is (28) Local Registrar.

*When there was no attending physician or midwife, when 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.

N.

MEGAN

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