

(1) PLACE OF BIRTH

County of

Anderson

Township of

Broadway

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.)

(2) Full Name of Child *Emmie Bell Solhis*

(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 *May 23 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Solhis

(9) PRESENT POSTOFFICE OF FATHER

Bolton D.C.R. 78

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Homer Path, D.C.

(13) OCCUPATION

Laborer

(14) NAME BEFORE MARRIAGE

Eva Ambrose

(15) PRESENT POSTOFFICE OF MOTHER

Bolton, D.C.R. 78

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Homer Path D.C.

(19) OCCUPATION

Domestic

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

J. J. Campbell

(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 *June 10 1922*(28) *W. S. Campbell*

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.

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