

File No.—For State Registrar Only
12973

Registration District No. 601 Registered No. 82
(For use of Local Registrar)

Full Name of Child Mary Bailey If child is not yet named, make supplemental report as directed

100-44-38861-100 <i>but</i>	(6) Title or subject To be approved only in event of Title or Subject	(7) Number in order of list	(8) Are there reasons? <i>yes</i>	(9) DATE OF BIRTH <i>Mar 8 1923</i> (Name of Agent) (Date)
--------------------------------	--	-----------------------------	--------------------------------------	--

FATHER.		MOTHER.	
(1) NAME BEFORE MARRIAGE	Howell Bailey	(14) NAME BEFORE MARRIAGE	Gallie White
(2) PRESENT ADDRESS OF FATHER	Bluffton, S.C.	(15) PRESENT ADDRESS OF MOTHER	Bluffton, S.C.
(3) COLOR OF EYES	White	(16) COLOR OF EYES	White
(11) AGE AT LAST BIRTHDAY	38	(17) AGE AT LAST BIRTHDAY	28
(4) BIRTHPLACE	Beaufort County, S.C.	(18) BIRTHPLACE	Beaufort County, S.C.
(5) OCCUPATION	Fireman Saw Mill	(19) OCCUPATION	Housewife
(6) Number of children born to father, including present birth	6	(20) Number of children of this mother and father, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at N. P. M.,
on the date above stated. 822 (Born alive or stillborn) (Hour - M. or P. M.)

(23) (Signature) Allen Grant
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shepparton, Vic

was some added from a supplementary report

(20) **Witness**
(Signature of Witness necessary only
when question is signed by meek)

(27) Filed June 19 1964 (28) Local Rep.

no 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.

Before the fifth month of pregnancy.