

MAISON REQUESTED FOR BINDING,
WHICH PLAINLY, WITH UNPAID AND—THIS IS A PERMANENT RECORD.
N. H.—In case of TAVIN ON THURSDAY AND A REPARATION BLANK FOR EACH CHILD, and search the
PRINTED, No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Beaufort.....

Township of Hiltonhead....

or
Inc. Town of.....

OF
City of

(If birth occurs in a hospital)

(2) Full Name of Child Alison Perry

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(8) Are Parents Married? No

(7) DATE OF BIRTH Feb. 11 19 22
(Name of Month) (Day) (Year)

FATHER.

40 FULL NAME

Упкпоя

УКЛОУН

PRESENT
POSTOFFICE
OF FATHER

410 COLOR
OR
RACE

(11) AGE AT LAST BIRTHDAY.....
(Year)

(12) BIRTHPLACE

10 OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.
on the date above stated. hour (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(23) Signature
(24) State whether Physician or Midwife

MIN 110

(26) Address of Physician or Midwife
Hiltonhead, S. C.

Given name added from a supplement-
tal report

(28) Witness

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

(27) Filed Feb. 15 1922.

(28)..... 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.