

(1) PLACE OF BIRTH

County of

Township of

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

(3) BOY OR GIRL?

male

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 18-22
(Name of Month) (Day) (Year)

If child is not yet named, make supplemental report as directed

FATHER

(8) FULL NAME

Phillip Elders

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Rockland Co., N.C.

(13) OCCUPATION

Garbage wagon driver for city

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

6

MOTHER

(14) NAME BEFORE MARRIAGE

Rosa Bell Hayes

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Rockland Co., N.C.

(19) OCCUPATION

House wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at
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

Physician

Columbia

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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.