

## (1) PLACE OF BIRTH

County of NewberryTownship of North

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of street and number.)

2) Full Name of Child Laurie Elizabeth If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 20, 1912</u>
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FATHER		MOTHER	
(8) FULL NAME <u>...</u>	(14) NAME BEFORE MARRIAGE <u>...</u>	(15) PRESENT POSTOFFICE OF FATHER <u>...</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>...</u>
(16) COLOR OR RACE <u>...</u>	(17) AGE AT LAST BIRTHDAY <u>...</u>	(18) BIRTHPLACE <u>...</u>	(18) BIRTHPLACE <u>...</u>
(19) OCCUPATION <u>...</u>	(19) OCCUPATION <u>...</u>	(20) Number of children born to mother, including present birth <u>...</u>	(20) Number of children of this mother now living, including present birth <u>...</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at ... M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) ... (23) State whether Physician or Midwife Physician (23) Address of Physician or Midwife ...

Given name added from a supplemental report

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

(25) 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.

Before the fifth month of pregnancy