

(1) Date of birth of child .....  
County of .....  
Borough of .....  
Reg. No. of child .....  
Reg. No. of child .....  
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 Mary C. Wells  
Sex Female Age 9 mo Date of birth Jan 9 1923

Full Name of Father Richard Wells  
Rank Col Grade 27  
Occupation Farming

Full Name of Mother Phoebe Wells  
Rank Col Grade 27  
Occupation Home Field

Number of children born to mother, including present one 3  
Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(28) I hereby certify that I attended the birth of this child, who was alive on the date above stated.  
(29) (Signature) James Caldwell  
(30) Place where birth took place Home (31) Address of Physician or Midwife Summerton S.C.

Given name added from a systematic report  
(32) Witness (Signature of Witness) J. E. ...  
(33) Date Jan. 13 1923

When there was an attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.