

## (1) PLACE OF BIRTH

County of AndersonTownship of Carver

Inc. Town of .....

City of .....

(No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mrs. Elizabeth Bridges If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) AGE OF CHILD <u>5</u>	(5) NUMBER OF CHILDREN <u>2</u>	(6) DATE OF BIRTH <u>Feb 2 1923</u>
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(7) FATHER'S NAME <u>Phillip H. Helburn</u>	(8) MOTHER'S NAME <u>Rosa Lee Bridges</u>
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(9) PRESENT RESIDENCE OF FATHER <u>Don't know</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Eva S. C.</u>
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(11) COLOR OF RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>2 1/2</u>	(13) COLOR OF RACE <u>white</u>	(14) AGE AT LAST BIRTHDAY <u>15</u>
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(15) BIRTHPLACE <u>Don't know</u>	(16) BIRTHPLACE <u>Georgia</u>
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(17) OCCUPATION <u>Don't know</u>	(18) OCCUPATION <u>Farm laborer</u>
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(19) Number of children born to mother, including present birth <u>2</u>	(20) Number of children of this mother now living, including present birth <u>2</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated.

(22) (Signature) The Physician or Midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Signed Feb 2 D. 1923 (27) S. M. M. Adams Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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