

Form No. 8

(1) PLACE OF BIRTH

County of _____

Township of _____

or Inc. Town of _____

City of Spktbg

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

(2) Full Name of Child Care D. Stone(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? YesDATE OF BIRTH 7-10-23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Care D. Stone(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE W(11) BIRTHPLACE S.C.(12) OCCUPATION Carpenter(13) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Arthur M. Cernath(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE W(17) BIRTHPLACE S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) J. W. Allen

(22) State whether Physician or Midwife _____

(23) Address of Physician or Midwife City

(24) Give name added from a supplemental report _____

(25) Witness _____

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

(26) Filed 7-10-2323

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.