

5607

State Board of Health

(For use of Local Registrar)

City of

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

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

(2) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents married?	(7) DATE OF BIRTH <i>Jan 17</i> 19 <i>92</i> (Name of Month) (Day) (Year)
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FATHER.

(3) FULL NAME Walter Fair

(19) PRESENT POSTOFFICE OF FATHER Levi Land

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY.

(12) **WINTHROP**

(15) OCCUPATION *Labour*

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

(14) NAME BEFORE MARRIAGE **MOTHER.**
LeAnn Williams

(1b) PRESENT POSTOFFICE OF BROTHER *Sumner Land, Sc*

(18) COLOR OR HAIR *Black* (17) AGE AT LAST BIRTHDAY

(16) BIRTHPLACE _____ (Years) _____

(16) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) 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.)

(26) (Signature)

(24) State whether Physician or Midwife

(28) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness John J. [Signature]
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed March 28, 1923 (28) *2* *H. T. Smith*
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.