

(1) PLACE OF BIRTH

County of Lancaster

Township of

or
Inc. Town ofCity of Lancaster

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

(2) Full Name of Child

Andrew

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

(3) BOY OR GIRL

M.

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

1

(6) Age

2623

(7) FATHER

George BellamySummerville S.C.Color

(11) AGE AT LAST BIRTHDAY

23Summerville S.C.OccupationFarmer

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

(8) MOTHER

AndrewSummerville S.C.Color

(17) AGE AT LAST BIRTHDAY

22Summerville S.C.OccupationDomestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Andrew 26 23 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) L. M. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed July 2, 1923 (28) E. 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 stillbirth before the fifth month of pregnancy.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.