

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

[Caw. of Columbia.

(1) PLACE OF BIRTH

County of Cherokee Co.
Township of Cherokeeor
Inc. Town ofCity of Blacksburg, Va.(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 1000 A Registered No. 99
(For use of Local Registrar)
St.: Ward:(2) Full Name of Child Edna Lavonn Putnam

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

(3) ~~BOY OR~~
GIRL? Girl(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTHSept. 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEM. C. Putnam(9) PRESENT
POSTOFFICE
OF FATHERBlacksburg, Va.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY28
(Years)

(12) BIRTHPLACE

Cleveland Co. N.C.

(13) OCCUPATION

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

{ 1

MOTHER.

(14) NAME BEFORE
MARRIAGEL. M. Hoard(15) PRESENT
POSTOFFICE
OF MOTHERBlacksburg, Va.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY21
(Years)

(18) BIRTHPLACE

Cleveland Co. N.C.

(19) OCCUPATION

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

{ 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Roberts

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Blacksburg, Va.Given name added from a supplement
report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 24, 1916

(28)

Geo. A. Roberts
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