

2500

Registration District No. 144 Registered No. 15  
(For use of local Registrar)

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

(2) Full Name of Child Blanche Lynn (If child is not yet named, enter appropriate name as given)

" SEX <i>girl</i>	" RACE <i>White</i>	" BIRTH DATE <i>Feb 2 1963</i>
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NAME *Miles Ayer*  
 RESIDENCE *Chapel St + 80*  
 CITY *Cambridge*  
 (10) COLOR *White* (11) AGE *25*  
 (12) BIRTH DATE *1891*  
 (13) OCCUPATION *S.C.*  
 (14) DESCRIPTION *Farm*  
 (15) Number of children born to mother, including present one *2*

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Keane

(15) PRESENT NAME OF MOTHER E. Clark Keane

(16) COLOR OF HAIR White (17) AGE AT LAST DEATH 19

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Wife

(20) Number of children of this mother now living, including yourself 2

(22) I hereby certify that I attended the birth of this child, who was Female on 10 Dec. on the date above stated. (Sign name or initials) (Sign A. M. or P. M.)

(20) (Signature) <u>Sarah Mayle</u>	(21) Address (if Postal)
(22) Since whether Foreign or U.S. wide <u>Mid West</u>	<u>Calif</u>

Given name added from a suggestion-  
tal report

.....

..... 19

..... Registrar

(36) Witness .....  
 (Signature of Witness necessary only  
 when question 35 is signed by mark)

(37) Filed *Feb 8 1923* at *24* *15*

\*When there was no attending physician or midwife, then the mother  
If a child breathes even once, it must not be reported as dead  
before the birth mother is seen.