

Form No. 1

(1) PLACE OF BIRTH

County of BalletonTownship of Balleton

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Charl Stacy Lingard

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clide Lingard

(9) PRESENT POSTOFFICE OF FATHER

Ruffin SC

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE

Balleton CO

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Artie Fisher

(15) PRESENT POSTOFFICE OF MOTHER

Ruffin SC

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

Balleton CO

(19) OCCUPATION

House wife

(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 born alive at 1 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Lingard

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Ruffin SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 7, 1922

(28)

R. A. Ireland
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.