

(1) PLACE OF BIRTH

County of

Township of

or

Loc. 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 Francis Elizabeth Larson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL GIRL	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? Yes	(7) DATE OF BIRTH <u>June 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William I. Larson(9) PRESENT POSTOFFICE OF FATHER Greenswood, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Housewife(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Will E. Larson(15) PRESENT POSTOFFICE OF MOTHER Greenswood, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>M. P. Turner M.D. by J. H.</u>	(25) Address of Physician or Midwife <u>Greenswood, S.C.</u>
(24) State whether Physician or Midwife <u>Physician</u>	

Given name added from a supplemental report

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

(27) Filled 19 (28) W. A. Williams 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.

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