

State Board of Health

48558

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

(7) DATE OF BIRTH Feb 18 6
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE *Mrs. Frances Roland*

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY 36 (Years)

(15) BIRTHPLACE *Laurens Co S.C.*

(19) OCCUPATION *Housewife*

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

(22) I hereby certify that I attended the birth of this child, who was born at St. Louis, Mo.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. G. White*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed Feb 23 1916 (28) Elvaunaua, N. H.
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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