

(1) PLACE OF BIRTH

County of FlorenceTownship of WakeInc. Town of WakeCity of Wake

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

(2) Full Name of Child Blucher Alonelia

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2009 (6) Parents married? Yes (7) DATE OF BIRTH March 22 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Flemming Gause(9) PRESENT POSTOFFICE OF FATHER Conward SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Conward SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Tula Collins(15) PRESENT POSTOFFICE OF MOTHER Conward SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Saranton SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. James

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

Midwife Saranton SC

Given name added from a supplemental report

191...

Registrar

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

(27) Filed 3/29/06 191... (28) R. L. Carter 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52182