

## (1) PLACE OF BIRTH

County of UnionTownship of Longor  
Town of .....or  
City of .....(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Carl Marian Huldge

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

(3) BOY OR GIRL <u>M</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>1</u> <u>2</u> <u>19</u> <u>3</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Carl Huldge(9) PRESENT POSTOFFICE OF FATHER Granville S C(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Union S C(13) OCCUPATION she makes(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Mary Lou Paradise(16) PRESENT POSTOFFICE OF MOTHER Granville S C(18) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17 (Year)(19) BIRTHPLACE Eu(20) OCCUPATION House Wf(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 Union at 1 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S A Mervel(24) State whether Physician or Midwife (25) Address of Physician or Midwife Granville S C

Given name added from a supplemental report

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

(27) Filed Jan 14 1923 W. H. Turnbull, R. S. M. D. 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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