

(1) PLACE OF BIRTH

County of *Proctor*

Township of

Inc. Town of

City of *Carle*

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

(2) Full Name of Child *Clive Folger*

File No. — For State Registrar Only
16329

Registered No. *7-5*
(For use of Local Registrar)

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *May 27, 1912*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *Clive Higgins*(14) NAME BEFORE MARRIAGE *Gladys E. Hill*(9) PRESENT POSTOFFICE OF FATHER *Carle*(15) PRESENT POSTOFFICE OF MOTHER *Carle*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *S.C.*(18) BIRTHPLACE *S.C.*(13) OCCUPATION *Clerk*(19) OCCUPATION *Domestic*

(20) Number of children born to father, including present birth *1* (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 *Alive* at *9 A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *J. B. Salt*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by)

(27) Filed *June 1, 1912* (28) *E. H. Hyatt* 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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