

(1) PLACE OF BIRTH

County of FlorenceTownship of McKellan

or

Inc. 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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 7 5

(8) FULL NAME

Refus Thomas

(9) PRESENT POSTOFFICE OF FATHER

Clauson

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Florence Co

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Iddie Egerton

(15) PRESENT POSTOFFICE OF MOTHER

Clauson

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Florence Co

(19) OCCUPATION

Dom

(20) Number of children born to mother, including present birth

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Clauson

(26) Witness

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

(27) Filed

191

(28)

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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File No. — For State Registrar Only

42845

Registration District No. 2011 Registered No. 116

(For use of Local Registrar)

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