

(1) PLACE OF BIRTH

County of FlorenceTownship of Hammockor
Inc. Town ofor
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? girl(4) Twin
or Triplet? -(5) Number in
order of birth
-
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Nov. 29, 1916
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL
NAMECharlie Cooper(9) PRESENT
POSTOFFICE
OF FATHERKingsburg(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY 28
(Years)

(12) BIRTHPLACE

Kingsburg

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth2(14) NAME BEFORE
MARRIAGEEula Campbell(15) PRESENT
POSTOFFICE
OF MOTHERKingsburg(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY 29
(Years)

(18) BIRTHPLACE

Kingsburg

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. H. P. S. L.
(24) State whether Physician or Midwife(25) Address of Physician or Midwife
CampbellGiven name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Nov 29, 1916 (28) W. H. P. S. L.
Local Registrar.

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.

WRITED PLAINLY, WITH UNFADING INK.—THIS IS A PRELIMINARY REPORT. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.