

## (1) PLACE OF BIRTH

County of AndersonTownship of Lincolnton

Inc. Town of .....

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Sex Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 24, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Pink Lincy</u>	(14) NAME BEFORE MARRIAGE <u>Agnes Williams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont</u>
(10) COLOR OR RACE <u>Col</u>	(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>52</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>42</u> (Year)
(12) BIRTHPLACE <u>Anderson</u>	(18) BIRTHPLACE <u>Anderson</u>	(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>Dom</u>
(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>10</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3.00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Walter Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Williams

(Given name added from a supplemental report)

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

(27) Filed Dec 26, 1923 (28) W. L. Brown Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.