

(1) PLACE OF BIRTH

County of Colleton

Township of Windsor

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 Heliketha Ross

FILE - For Use by Registrar
803

Registration District No. 1409 Registered No. 200
(For use of Local Registrar)

(1) SEX OF CHILD <u>girl</u>	(2) Type of Birth <u>Normal</u>	(3) Number in order of birth <u>1</u>	(4) Sex of Mother <u>female</u>	(5) DATE OF BIRTH <u>Jan 28 1923</u>
FATHER <u>Frankie Thomas</u>			MOTHER <u>Hattie Bedon</u>	
RESIDENT ADDRESS OF FATHER <u>Hallsville</u>			RESIDENT ADDRESS OF MOTHER <u>Hallsville</u>	
(10) COLOR OF FATHER <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(12) COLOR OF MOTHER <u>Col</u>		
(13) BIRTHPLACE <u>AL</u>	(14) AGE AT LAST BIRTHDAY <u>30</u>			
(15) OCCUPATION <u>Farmer</u>			(16) OCCUPATION <u>Domestic</u>	
(17) Number of children born to mother, including present birth <u>8</u>			(18) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(20) (Signature) Hana Johnson
(21) State whether Physician or Midwife
(22) Address of Physician or Midwife
Hallsville

Given name added from a supplementary report

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

(24) Filed Feb 9 1923 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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