

Form No. 1

(1) PLACE OF BIRTH

County of OrangeTownship of Tungalo

or Inc. Town of

City of

(if birth occurs in a hospital or other institution give name of same and number.)

(2) Full Name of Child William H. Kinney(3) SEX OF CHILD
BOY OR GIRL Male(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Aug 23 1923

FATHER.

(8) FULL NAME William H. Kinney(9) PRESENT POSTOFFICE OF FATHER Westminster, Md.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE Kearville Tenn(13) OCCUPATION Tanning

MOTHER.

(14) NAME OF MOTHER Christine Wright(15) PRESENT POSTOFFICE OF MOTHER Westminster, Md.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 20(18) BIRTHPLACE Orange Co SC(19) OCCUPATION House & field work(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child who was Alive at 6 A.M. (Specify age or stillborn) (Specify hour A. M. or P. M.)(22) (Signature) Lester Hugh Williams

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Westminster, Md.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Date Aug 27 1923

(27)

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.