

(1) PLACE OF BIRTH

County of CharlestonTownship of Levinvilleor
In. 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

John H. Day JrFile No.—For State Registrar Only
39390Registration District No. 1106 Registered No. 112
(For use of Local Registrar)

(3) SEX OR

(4) Type
or Triplet(5) Number in
order of birth(6) Date
born

(7) DATE OF

BIRTH
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
RESIDENCE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
RESIDENCE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Give name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed "no")

(26) Filed

by W. H. Hallie's

(27)

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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