

455

City of

County of

City of

Registration, District No. 9

Registered No. 74

City of Chambersburg (No. Chambersburg St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Small, Kate (If child is not yet named, make name of child in English)

Sex girl Age 2 Years 2 Months 10 Days 10 Months 10 Days 10 Months 10 Days

Parent, Robert Small Mother, Agnes Doctor

Child, Chas Child, Chas

Color White (11) Age last 2 (12) Color White (13) Age last 2

Birthplace John Island St Birthplace Johnson Island S.C.

Occupation Laundry Occupation Laundry

Rank of father 3 Rank of mother 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(14) (Signature) Still Born (15) State whether Physician or Midwife (16) Address of Physician or Midwife Washington St West St

(17) Witness (Signature of Witness necessary when question is in regard to stillborn) Merrett Green V.D.

(18) Date 1/10

(19) Place 1/10

(20) Name of father, mother, or other person, with the father, householder, etc. (21) Name of mother, or other person, with the mother, householder, etc. (22) Name of child, or other person, with the child, householder, etc.