

28781

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(7) DATE OF BIRTH Sept 12, 1922
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE *Yvonne Link*

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE YIPANU (17) AGE AT LAST BIRTHDAY.....26...

(18) BIRTHPLACE *Anderson Co*

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 04

(22) I hereby certify that I attended the birth of this child, who was White at 1 M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Ulcovaga James
(24) State whether Physician or Midwife (25) Address of Physic or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 17 1912 (28) J. W. McLean
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.