

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
 County of Christchurch
 Township of Christchurch
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 1203 Registered No. 38
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age at birth <u>1 yr</u>	(7) DATE OF BIRTH <u>Feb 24 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Thomas Lee Moore</u>			(9) NAME BEFORE MARRIAGE <u>Lilly Edline</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Christchurch & Co</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Christchurch & Co</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
(16) BIRTHPLACE <u>S.C.</u>			(17) BIRTHPLACE <u>S.C.</u>	
(18) OCCUPATION <u>Farmer (Deceased)</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 29 A.M., on the date above stated. (Hour A. M. or P. M.)

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Signed Mar. 1 1923 (28) M. S. Watson 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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