

(1) PLACE OF BIRTH

County of

Flamence

Township of

Lake

or

Inc. Town of

or

City of

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

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April - 3

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. L. Liston Abrams

(9) PRESENT POSTOFFICE OF FATHER

Vox. D.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Lex. D.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna C. Eaddy

(15) PRESENT POSTOFFICE OF MOTHER

Vox. D.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40 (Years)

(18) BIRTHPLACE

Vox. D.C.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. L. Crockett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Johnsonville, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/13/16

1916

(28)

R. L. Crockett

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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