

(1) PLACE OF BIRTH

County of YoneTownship of Yoneor
Inc. Town ofor
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 Emily S. Starnes

File No. — For State Registrar Only

2795

Registration District No. 4405 Registered No. 17

(For use of Local Registrar)

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? W(7) DATE OF BIRTH Jan 20 1911

(8) Ward (Give of Month) (Day) (Year)

FATHER

(9) FULL NAME Buster Weson(10) PRESENT POSTOFFICE OF FATHER W. Va.(11) COLOR OR RACE Black (12) AGE AT LAST BIRTHDAY 22 (Year)(13) BIRTHPLACE Yone D. C.(14) OCCUPATION Coal miner(15) Number of children born to mother, including present birth 1

MOTHER

(16) NAME BEFORE MARRIAGE Hattie May Starnes(17) PRESENT POSTOFFICE OF MOTHER Yone S. C. + 7(18) COLOR OR RACE Black (19) AGE AT LAST BIRTHDAY 18 (Year)(20) BIRTHPLACE Yone Co(21) OCCUPATION Woodsman(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) on the date above stated.(24) (Signature) J. D. Starnes

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Yone S. C.

Given name added from a supplemental report

(27) Witness

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

(28) Filed Jan 26 1911(29) J. D. Starnes 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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THIS IS A PRELIMINARY RECORD. SEPARATE BLANKS FOR EACH CHILD, AND MARK IN CASE OF TWINS OR TRIPLETS. THE OTHER NO. 2, etc., in question 5.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES, BY THE REGISTRAR, FOR THE YEAR 1911.

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