

(1) PLACE OF BIRTH

County of Hampton
 Township of Sothe

or
 Inc. Town of

or
 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 Jessie Love Milton

File No.—For State Registrar Only
 64719

Registration District No. 2420 Registered No. 19
 (For use of Local Registrar)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME —
 (9) PRESENT POSTOFFICE OF FATHER —
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY — (Years)
 (12) BIRTHPLACE So.
 (13) OCCUPATION Farmer?
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Lou Milton
 (15) PRESENT POSTOFFICE OF MOTHER Suray S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION —
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna Thompson

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

Given name added from a supplemental report

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

(27) Filed July 12 1916 (28) H. E. Dickinson
 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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