

(1) PLACE OF BIRTH

County of

Township of

or
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 Caroline Lathere (If child is not yet named, make supplemental report as directed)

(3) SEX OR SEX <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 25 1970</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>J. M. Lathere</u>	(14) NAME BEFORE MARRIAGE <u>Amelia Lathere</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Hamlet S.C. #3</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Hamlet S.C. #1</u>
(12) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(18) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)
(13) BIRTHPLACE <u>S.C.</u>	(15) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>farmer</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
(14) OCCUPATION <u>farmer</u>			
(20) Number of children born to mother, including present birth <u>11</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hamlet S.C.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 25 1970 (28) W. H. Smith
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.