

PLACE OF BIRTH

County of Sumner

Township of

or
Inc. Town ofor
City of Sumner

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) SEX OR CLASS <u>Girl</u>	(2) Twin or Triplet? To be answered only in event of Twins or Triplets	(3) Number in order of birth	(4) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 10 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL
NAME Elmer R. Partridge(9) PRESENT
POSTOFFICE
OF FATHER Atlanta Ga(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 35
(Years)(12) BIRTHPLACE Sumner N.C.(13) OCCUPATION Letter Mail Manager(14) Number of children born to
father, including present birth 15 to father

MOTHER.

(14) NAME BEFORE
MARRIAGE Louis Atlee Hagan(15) PRESENT
POSTOFFICE
OF MOTHER Sumner Ga(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 34
(Years)(18) BIRTHPLACE Sumner N.C.(19) OCCUPATION Housewife(20) Number of children of this mother
now living, including present birth 4

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) James H. Hoke(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Sumner GaGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 27 1922 (28) W. B. Buchanan
Registrar. 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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before the fifth month of pregnancy.

File No.—For State Registrar Only

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