

PLACE OF BIRTH

County of

Township of

or

Town of

or

City of

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

Full Name of Child

BOY OR GIRL

Boy

(1) Twin or Triplet

To be answered only in event of Twin or Triplet

(2) Number in order of birth

7

(3) Are Parents Married

Yes

(4) DATE OF

BIRTH 7-12-23

(Name of Month) (Day) (Year)

MOTHER.

FULL NAME

Willie Northing

PRESENT POSTOFFICE OF FATHER

Winnabow, SC.

COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

3.6

(Years)

BIRTHPLACE

Fairfield Co.

OCCUPATION

Farmer

(12) NAME BEFORE MARRIAGE

Viola L. Linnell

(13) PRESENT POSTOFFICE OF MOTHER

Winnabow, SC.

(14) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

31

(Years)

(15) BIRTHPLACE

Fairfield Co.

(16) OCCUPATION

Housewife

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

1.6

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

1.7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7 P. M. on the date above stated.

(22) (Signature)

L. D. Wells M.D.

(24) State whether

Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(27) Filed

Aug 10

19

23

(28) Local Registrar

19

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.