

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of.....

or

City of

(No. St.; Ward)

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

(2) Full Name of Child

Leander Cousart

If child is not yet named, make supplemental report as directed.

(3) BOY OR
GIRL

Boy

(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married?

yes

(7) DATE OF
BIRTH

Dec. 11, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Leander Cousart

(9) PRESENT
POSTOFFICE
OF FATHER

Wayhaw n. Car.

(10) COLOR
OR
RACE

negro

(11) AGE AT LAST
BIRTHDAY30
(Year)

(12) BIRTHPLACE

Lancaster Co.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE
MARRIAGE

Addie Massey

(15) PRESENT
POSTOFFICE
OF MOTHER

Wayhaw n. Car.

(16) COLOR
OR
RACE

negro

(17) AGE AT LAST
BIRTHDAY27
(Year)

(18) BIRTHPLACE

Lancaster Co.

(19) OCCUPATION

Farming

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour, day, or P. M.)

(23) (Signature)

Roseanna Massey

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Wayhaw n. Car.

Given name added from a supplement-
tal report

(26) Witness

Mrs A. P. Niven

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

(27) Filed

Dec. 17, 22

(28) B. J. Richardson

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.