

(1) PLACE OF BIRTH

County of LefloreTownship of Longor
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 Franklin Ray Sewn If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married?

(7) DATE OF

BIRTH June 15, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL
NAMEMr. C. L. Sewn(9) PRESENT
POSTOFFICE
OF FATHERNew Brookland SC(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY34
(Years)

(12) BIRTHPLACE

Leflore Co

(13) OCCUPATION

farmer(14) Number of children born to
mother, including present birth6

MOTHER.

(15) NAME BEFORE
MARRIAGEMiss Francis Thompson(16) PRESENT
POSTOFFICE
OF MOTHERNew Brookland SC(17) COLOR
OR
RACEwhite(18) AGE AT LAST
BIRTHDAY30
(Years)

(19) BIRTHPLACE

Leflore Co

(20) OCCUPATION

house wife(21) Number of children of this mother
now living, including present birth6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ... at 2:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Francis M. M...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

New Brookland SCGiven name added from a supplement-
tal report

(26) Witness

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

(27) Filed

6/28, 1922

(28)

J. C. Lybrand,
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.