

(1) PLACE OF BIRTH,

County of DillonTownship of Cassmichor
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, Sarah M. Eashen

File No.—For State Registrar Only

18378

Registered No. 45
(For use of Local Registrar)(3) BOY OR GIRL
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? Yes(7) DATE OF BIRTH May 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Wiggins(9) PRESENT POSTOFFICE OF FATHER Fort Huach(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Stevanah M. Eashen(15) PRESENT POSTOFFICE OF MOTHER Home S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Home work(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 M. on the date above stated. (If born alive or stillborn, Hour, M. or P. M.)(23) (Signature) T. H. Carmichael M.D.(24) State whether Physician or Midwife (25) Address of Physl. or Midwife Portsmouth, N.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 6 1922 (28) W. M. Reese 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.

USE THIS FORM FOR EACH CHILD, AND MARK THE
 FIRST-BORN NO. 1 THE OTHER NO. 2, ETC. IN QUESTION 5.

MOGAW OF COLUMBIA, COLUMBIA D. C.