

File No.—For State Registrar Only
22713

NAME Uman, R. M.

State Board of Health
Registration District No. 4205 Registered No. 47
(For use of Local Registrar)

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

Full Name of Child Nathaniel

(1) Sex Male

(2) Date of Birth June 22, 1923

(3) Are Parents Married? yes

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

MOTHER.

FATHER.

John Russell

Helton S.C.

AGE AT LAST BIRTHDAY 28 (Years)

Black

Unmarried

Occupation Farmer

(14) NAME BEFORE MARRIAGE *Annie Tran Lou*

(15) PRESENT POSTOFFICE OF MOTHER *Helena, S.C.*

(16) COLOR OR RACE *Black*

(17) AGE AT LAST BIRTHDAY *2*
(Year)

(18) BIRTHPLACE *Union, S.C.*

(19) OCCUPATION *Domestic*

(20) Number of children of this mother *1*
born in United States

Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature) Rebecca Thayer
(24) State whether Physician or Midwife Physician
(26) Address of Physician or Midwife Hellau St C

name added from a supplementary report

(26) Witness *W. J. Gallen* (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed *Aug 8 1923* (28) *W. J. Gallen* Local Registrar

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If wife, then the father, householder, etc., should make this return. No report is desired of stillbirths

When there was no attending physician or midwife, it must not be reported as stillborn if a child breathes even once, before the fifth month of pregnancy.