

(1) PLACE OF BIRTH

County of GuinnTownship of 11or
Inc. Town ofor
City of

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

(2) Full Name of Child Eliane Lancaster (If child is not yet named, make supplemental report as directed)

(3) <u>BOY OR GIRL?</u>	(4) <u>Twin or Triplet?</u> To be answered only in event of Twins or Triplets	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u> <u>yes</u>	(7) <u>DATE OF BIRTH</u> <u>Sept 20 1923</u> (Name of Month) (Day) (Year)
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FATHER (8) <u>FULL NAME</u> <u>Charles Lancaster</u> (9) <u>PRESENT POSTOFFICE OF FATHER</u> <u>Guinn, Ok</u> (10) <u>COLOR OR RACE</u> <u>white</u> (11) <u>AGE AT LAST BIRTHDAY</u> <u>33</u> (Years) (12) <u>BIRTHPLACE</u> <u>N.C.</u> (13) <u>OCCUPATION</u> <u>Truckman</u>		MOTHER (14) <u>NAME BEFORE MARRIAGE</u> <u>Agnes Whitaker</u> (15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Guinn, Ok</u> (16) <u>COLOR OR RACE</u> <u>white</u> (17) <u>AGE AT LAST BIRTHDAY</u> <u>28</u> (Years) (18) <u>BIRTHPLACE</u> <u>SC</u> (19) <u>OCCUPATION</u> <u>Laundress</u> (20) <u>Number of children born to mother, including present birth</u> <u>5</u> (21) <u>Number of children of this mother now living, including present birth</u> <u>4</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. J. Walker(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Guinn, Ok

Given name added from a supplemental report

(26) <u>Witness</u> (Signature of Witness necessary only when question 23 is signed for mark)	(27) <u>Local Registrar</u>
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*When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the sixth month of pregnancy.