

2897

State Board of Health

Registration District No. _____

Registered No.

(For use of Local Registrar)

Registration District No. _____

Registration District No. _____

Registration District No. _____

Registration District No. _____

Registration District No. _____

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

(7) DATE OF BIRTH Jan, 24, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER

(14) NAME BEFORE MARRIAGE Ethel Johnson

(13) PRESENT POSTOFFICE OF MOTHER Windsor, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Aiken Co.

(19) OCCUPATION
Housewife

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

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now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Plaintiff

Given name added from a supplemental report

(20) Witness

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

(27) Filled191.... (28)

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.