

Rolling Stone
Antibes

File No.—For State Registrar Only
31859

Registered No.
(For use of Local Registrar)

(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 Shane Conway

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

(1) SEX OF CHILD 4	(4) Title or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Oct 23 19 72 (Name of Month) (Day) (Year)
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FATHER.

MOTHER

Yander Sweney

(14) NAME BEFORE MARRIAGE Rose Brink

PRESENT
POST OFFICE
OF FATHER

(10) PRESENT POSTOFFICE OF MOTHER *Donville NC*

10 COLOR OF HAIR **B.** (11) AGE AT LAST BIRTHDAY **26**
(Years)

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 201
(Year)

TIMES *S.C.*

(TO) BIRTHPLACE *S.C.*

7 am

(16) OCCUPATION *Housewife*

2 Number of children born to mother, including present birth

100. Number of children of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) Hour M. or P. M.
on the date above stated. *Man* *Jane* *Bernice*

(28) (Signature) [Signature]
(29) State whether Physician or Midwife M. W.
(30) Address of Physician or Midwife [Address]

the same added from a supplement-
(a) report

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

(27) Filed Nov 10 1933 (28) Nov 14 1933 Local Registrar

10-10-1919

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.

It is urged vigilance from which it ~~shall~~ ^{shall not be reported as possible} ^{the report is advised to} ^{before the fifth month of pregnancy.}