

(1) PLACE OF BIRTH

County of Burton

Township of

or
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 Chua Bendalie (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Female (4) Type or Trade To be answered only in case of Trade or Trade (5) Number in order of birth 1 (6) Age 1 year (7) DATE OF BIRTH Nov. 15, 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Richard Bendalie</u>	(14) NAME BEFORE MARRIAGE <u>Chua Bendalie</u>	(10) PRESENT RESIDENCE OF FATHER <u>Burton, S.C.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Burton, S.C.</u>
(12) COLOR OR RACE <u>Col.</u>	(18) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(10) COLOR OR RACE <u>Col.</u>	(16) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(10) BIRTHPLACE <u>S.C.</u>	(16) BIRTHPLACE <u>S.C.</u>
(12) OCCUPATION <u>Seamster</u>	(18) OCCUPATION <u>Housewife</u>	(10) OCCUPATION <u>Housewife</u>	(16) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (How A. M. or P. M.)

on the date above stated.

(23) (Signature) W. J. Taylor(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Burton, S.C.

Give name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.