

(1) PLACE OF BIRTH

County of Lancaster

Township of

or

Inc. Town of

or

City of W. K. K.

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

(2) Full Name of Child Mary Ellen McQueen(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF

BIRTH Mar 7 1882
(Name of Month) (Day) (Year)File No. - For State Registrar Only
18836Registration District No. 209Registered No. 188
(For use of Local Registrar)(No. 3 St. W. K. K. Ward)

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

FATHER

(8) FULL NAME John Henry McQueen(9) PRESENT POSTOFFICE OF FATHER Lancaster(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Exch.(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Stevens(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John at 7 o'clock A.M. on the date above stated.
(Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) J. P. McQueen(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife W. K. K.

Given name added from a supplemental report

(26) Witness

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

(27) Local Registrar

When there was no attending physician or midwife, a supplemental report is desired of stillbirths

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