

## (1) PLACE OF BIRTH

County of Marietta

Township of .....

Inc. Town of Mallins

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 Lucy Deane

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

(3) SEX OF CHILD <u>Girl</u>	(4) AGE AT BIRTH <u>23</u>	(5) DATE OF BIRTH <u>11/10/10</u>	(6) TIME OF BIRTH <u>2:30</u>
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FATHER

(7) FULL NAME Sam Deane

(8) PRESENT RESIDENCE OF FATHER Mallins SC

(9) COLOR OF HAIR W

(10) COMPLEXION Marine Co

(11) OCCUPATION Mechanics

(12) Number of children born to mother, including present birth 6

MOTHER

(13) NAME BEFORE MARRIAGE Elizabeth Powell

(14) PRESENT RESIDENCE OF MOTHER Mallins SC

(15) COLOR OF HAIR N

(16) COMPLEXION Robinson C. W.D

(17) OCCUPATION Home wife

(18) Number of children of the mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(20) (Signature) Frank P. Mott

(21) State whether Christian or Midwife

(22) Address of Physician or Midwife Mallins SC

Give name added from a supplemental report

(23) Witness

(Signature of Witness necessary only when question 23 is answered by birth)

(24) Date 11/10/10

When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.

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