

(1) PLACE OF BIRTH/

County of Richmond
Township of Lower
or
Inc. Town of

or
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 Eloise Nathan [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 15 1922</i> (Name of Month) (Day) (Year)
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FATHER.	
(3) FULL NAME	Willie Trachan
(3) PRESENT POSTOFFICE OF FATHER	Hopkins D.C.
(10) COLOR OR RACE	negro
(11) AGE AT LAST BIRTHDAY	35
(12) BIRTHPLACE	D.C.
(13) OCCUPATION	

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth Three

(14) NAME BEFORE MARRIAGE *Dwight Johnson*

(15) PRESENT POSTOFFICE OF MOTHER *Hopkins P.C.*

(16) COLOR OR RACE *negro*

(17) AGE AT LAST BIRTHDAY *27*
(Years)

(18) BIRTHPLACE *N.C.*

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 12:30
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <i>W. J. R. G. [illegible]</i>		(25) <i>Physician or Midwife</i>
(24) State whether <i>midwife</i>		(25) <i>Physician or Midwife</i>
Given name added from a supplemental report		
(26) Witness <i>W. J. R. G. [illegible]</i> (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <i>May 16, 1922</i>		(28) <i>W. J. R. G. [illegible]</i> Local Registrar
15 Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should report. 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.