

## (1) PLACE OF BIRTH

County of MasonTownship of Orangeor  
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 Rose Katrina Sykes If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 26 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm J. Sykes(9) PRESENT POSTOFFICE OF FATHER Mullins S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Mebane North Carolina(13) OCCUPATION Travelling Salesman(14) Number of children born to mother, including present birth: One

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Floride Hopworth(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Macon Ga(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth: One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 7:30 A.M.  
on the date above stated.(23) (Signature) J. A. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 12/29 1916 (28) L. H. Rogers 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.

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