

THIS IS RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Blouise  
Township of Rock Swamp  
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

Louisa Cleland

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

3

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 26, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Peter Cleland

(9) PRESENT POSTOFFICE OF FATHER

Blouise S. C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Blouise Co

(13) OCCUPATION

Laborer

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

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Caroline Rotenail

(15) PRESENT POSTOFFICE OF MOTHER

Blouise S. C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Blouise Co

(19) OCCUPATION

Laborer

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Caroline Rotenail

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Blouise S. C.

Given name added from a supplemental report

(26) Witness

Caroline Rotenail

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

(27) Filed

Oct 26, 22

A. J. W. Roast

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.