

(1) PLACE OF BIRTH

County of BerkleyTownship of 2ndor
Inc. Town of Landedor
City of (No.)

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

(2) Full Name of Child Harold B. Bault

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? 1

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

April 1, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME B. Bault(9) PRESENT POSTOFFICE OF FATHER Hammerville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Germany(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Sarah Bault(15) PRESENT POSTOFFICE OF MOTHER Hammerville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Berkley County(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1(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 Julia B. Bault on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hammerville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

19 22
Registrar(27) May 1, 1922 (28) R. G. Hammond
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.