

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. or Town of Callison

City of _____

Full Name of Child James E. ... (No. ...) (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. ... Ward ...

(2) Full Name of Child... J. Laura Banks

File No.—For State Registrar Only

31794

Registered No. 422

(For use of Local Registrar)

221

(21)

20

100

100

100

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(3) BOY OR GIRL

(4) Twin

(5) Number in family

Supplemental report as directed.

(1) BOY OR GIRL?	(2) Twin or Triplet?	(3) Number in order of birth	(4) Age	(5) Sex	(6) Race	(7) Religion	(8) Education	(9) Occupation	(10) Supplemental report as directed
Girl		1	1	F	W				

FATHER.	MOTHER.	(Name of Month)	(Day)	(Year)

2) FULL NAME Barry Paul Bank (4) NAME BEFORE MOTHER.

(9) PRESENT POSTOFFICE Allice Greer

to) COLOR	(ii) AGE AT LAST	OF MOTHER

RACE	Colored	(Years)	OR RACE	Colored	BIRTHDAY	(Years)
(12) BIRTHPLACE						

Georgia

Hinglaj

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

22) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (born alive or stillborn)

(23) (Signature) Maria English

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

191

Registrar

(20) Witness Eva Byrne

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

(27) Filed Sept. 20, 1922. (28) J. H. Bearden.

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.

Registrar

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