

OTHER EXPANDING LINE—THIS IS A PERMANENT RECORD
IF THE REGISTRAR USES A SEPARATE BLANK FOR EACH CHILD
No. 1, THE OTHER, No. 2, etc., IN ORDER.

City of Georgetown (No. 1517 Duke)
If birth occurs in a hospital or other institution, give name of same instead of street and number.
(C) Full Name of Child THELMA JAMES If child is not yet named, give name of mother.
(1) Sex of Child Female (2) Age of Child 26 (3) Number of Child of Mother 1 (4) Date of Birth Feb 6
(5) Place of Birth Georgetown
FATHER: (1) Name Nathan Thomas (2) Present Residence Georgetown (3) Color Black (4) Age at Last Birthday 30 (5) Birthplace Georgetown (6) Occupation Brick mason
MOTHER: (1) Name Frances (2) Present Residence Georgetown (3) Color Black (4) Age at Last Birthday 26 (5) Birthplace Georgetown (6) Occupation Housewife
(7) Number of children born to mother, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN

(18) I hereby certify that I attended the birth of this child, who was... on the date above stated.
(19) (Signature) [Signature] (20) State whether Physician or Midwife Physician
Given birth at Georgetown Address of Parent Georgetown

When there was no attending physician or midwife, then...
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths with month of pregnancy.
If a child breathes even once... before the fifth month...
When there was no attending physician or midwife, then...
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths with month of pregnancy.
Local Registrar Mrs. R. J. King