

(1) PLACE OF BIRTH

County of Barnwell

Township of Barnwell

or Town of

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 John Charles Telford

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

(3) SEX OR Boy

(4) Type of Birth

To be reported only in case of Twin or Triple

(5) Number in order of birth

(6) Age 1/2

(7) DATE OF BIRTH May 19, 23

(8) FULL NAME J. C. Telford

(9) PRESENT RESIDENCE OF FATHER Barnwell Co

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 63

(12) BIRTHPLACE Barnwell Co

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Lila Dwyler

(15) PRESENT RESIDENCE OF MOTHER Barnwell Co

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 37

(18) BIRTHPLACE Barnwell Co

(19) OCCUPATION H.W.

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 P.M. on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Dated Nov 10, 23 at N. F. Kirkland

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.