

## (1) PLACE OF BIRTH

County of LexingtonTownship of St. PaulInc. Town of St. Paul

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

Andrew Langford Child

File No. For State Registrar Only

10114

Registration District No. 201Registered No. 32

(For use of Local Registrar)

St. \_\_\_\_\_ Ward)

## (3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 12 22

(Name of Month) (Day) (Year)

## FATHER.

## (8) FULL NAME

Andrew Langford

## (9) PRESENT POSTOFFICE OF FATHER

Worship Center

## (10) COLOR OR RACE

White

## (11) BIRTHPLACE

Kennett Ga

## (12) OCCUPATION

Farmer

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

5

## MOTHER.

## (14) NAME BEFORE MARRIAGE

Etha Langford

## (15) PRESENT POSTOFFICE OF MOTHER

Worship Center

## (16) COLOR OR RACE

White

## (17) AGE AT LAST BIRTHDAY (Years)

22

## (18) BIRTHPLACE

Kennett Ga

## (19) OCCUPATION

Worship work

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 10:30 am M. (Born alive or stillborn.) (Hour A. M. or 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.

191

Registrar

## (26) Witness

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

(27) Filed May 12 23 (28) [Signature]

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.

R. J. Hamilton