

(1) PLACE OF BIRTH

County of FlourneTownship of Millinor
Inc. Town ofor
City of

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

Registration District No. 2011 Registered No. 5

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Baby Timmons

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>36</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Eli Timmons(9) PRESENT POSTOFFICE OF FATHER Effingham(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Flourne Co(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Zela Johnson(15) PRESENT POSTOFFICE OF MOTHER Effingham(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Flourne Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cecilia M. Collier

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeEffingham

Given name added from a supplemental report

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

(27) Filed June 15 1916 (28) W. A. Chesser 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

File No. For State Registrar Only

04357