

Form No. 1

(1) PLACE OF BIRTH

County of GreeneTownship of Massachusetts

or

Loc. Town of

or

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 Lanvis Stephen (if child is not yet named, give supplemental report as directed)(3) SEX OF CHILD Male (4) Type or Figure Yes (5) Number in order of birth 29 (6) Age at last birthday 29 (7) DATE OF BIRTH Dec 23, 23 (Month of birth) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Samuel Stephen</u>	(14) NAME BEFORE MARRIAGE <u>Arrie Ransie</u>	(9) PRESENT RESIDENCE OF FATHER <u>Ridgeland</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Ridgeland</u>
(10) COLOR OR RACE <u>Cal</u>	(16) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(17) AGE AT LAST BIRTHDAY <u>4</u>
(12) BIRTHPLACE <u>Sc</u>	(18) BIRTHPLACE <u>Sc</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3 Three</u>	(21) Number of children of this mother now living, including present birth <u>3 Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Annalise (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Bella Murrell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by party) (27) Filed (28) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.