

(1) PLACE OF BIRTH
 County of Adams
 Township of Adams
 No. 1 of 1 (If born outside of a hospital or other institution, give name of same instead of street and number.)
 City of Adams
 (2) Full Name of Child Debbie Thitter (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Age of Child 3 (5) Are Parents Married? Yes (6) DATE OF BIRTH Nov 6 (7) (Name of Month) (Day) (Year)
 (8) FULL NAME Debbie Thitter (9) NAME BEFORE MARRIAGE Willie Terry
 (10) PRESENT POSTOFFICE OF FATHER Brunson (11) PRESENT POSTOFFICE OF MOTHER Brunson
 (12) COLOR OR RACE Brown (13) AGE AT LAST BIRTHDAY 26 (Years) (14) COLOR OR RACE Brown (15) AGE AT LAST BIRTHDAY 23 (Years)
 (16) BIRTHPLACE Ms. Williams (17) BIRTHPLACE Ms. Williams
 (18) OCCUPATION Farming (19) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1-3 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Nov 6 at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marshall Stephens (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Elena Roads (Signature of Witness necessary only when question 25 is signed by mark)

Registrar

(27) Filed 101-3 (28) 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.

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