

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. 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 *Hattie May Rogers*3) SEX
MALE

4) Twin or Triplet

To be answered only in case of Twin or Triplet

5) Number in order of birth

6) Are Parents Married? *yes*

7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

MOTHER

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

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

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

16) BIRTHPLACE

18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Feb 17 - 1923* at *3 P.M.* on the date above stated.(23) (Signature) *W. H. Rogers*

(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 23 is signed by mark)

(27) Filed

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(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.