

"(1) PLACE OF BIRTH

County of .....

Township of .....

OF

INC. TOWN OF.....  
ON

City of \_\_\_\_\_

(If birth occurs in a hospital)

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

(2) Full Name of Child Lance Oliver

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

3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number In  
order of birth

(6) Are Parents Married?

**(7) DATE OF**

BIRTH May 30 1972  
(Name of Month) (Day) (Year)

# FATHER

(b) FULL NAME

FATHER.

9) PRESENT  
POSTOFFICE  
OF FATHER

James Perkins

(10) COLOR OR RACE

2-10-10

(11) AGE AT LAST BIRTHDAY.....23.....  
(Years)

12 BIRTHPLACE

100

**13) OCCUPATION**

For a hand

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

2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature)

(Born alive or stillborn) (If  
Name \_\_\_\_\_

(24) State whether Physician or Midwife \_\_\_\_\_

(25) Address of Physician or Midwife

Given name added from a supplemental report

**(26) Witnesses**

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

**(27) Filed**

Feb. 10. 1922

(29)

*[Signature]*

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.