

(1) PLACE OF BIRTH

Country of OregonTownship of Malheuror
Inc. Town ofor
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

Robert MarshallFile No. For State Registrar Only
16286Registration District No. Registered No. 64
(For use of Local Registrar)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		<u>3</u>	<u>Yes</u>	<u>11 25</u>
				(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charlie Jacobs

(9) PRESENT POSTOFFICE OF FATHER Norway, Ore.

(10) COLOR OR RACE Cal. (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE P.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Miss Mayo

(15) PRESENT POSTOFFICE OF MOTHER Norway, Ore.

(16) COLOR OR RACE Cal. (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE P.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. J. A. Price

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) 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.

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.