

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

(3) SEX OR GROWTH <u>Boy</u>	(4) Type or Tubercle To be entered only in case of Tubercle	(5) Number in order of birth	(6) Age in months <u>12</u>	(7) DATE OF BIRTH <u>Sept 23</u> (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Willie Lillian</u>	(10) NAME BEFORE MARRIAGE <u>Belle Lillian</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Dalton</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>AR</u>
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Year)
(16) BIRTHPLACE <u>AR</u>	(17) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>AR</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

(23) (Signature) John Lee Lillian

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Dalton(Given name added from a supplement-
tal report)(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mother)(27) Signed for 9 23 (28) 10 23 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.