

## (1) PLACE OF BIRTH

County of HendersonTownship of Mary

Inc. Town of .....

City of .....

(No. .... St. .... Ward)

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

(2) Full Name of Child William John Pitt If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 1943  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Stuyart Pitt  
(9) PRESENT POSTOFFICE OF FATHER Lebanon, Mo.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 5MOTHER.  
(14) NAME BEFORE MARRIAGE Leah Washington  
(15) PRESENT POSTOFFICE OF MOTHER Lebanon, Mo.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(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 at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Mary H. H. H.  
(24) State whether, Physician or Midwife (25) Address of Physician or Midwife Lebanon, Mo.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)  
(27) Filed Sept 26 1943 (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.