

File No.—For State Registrar Only  
19288

If birth occurs in a hospital on

Registration District No. 2907

Registered No. 38  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
Institution, give name of same instead of street and number.)

(2) Full Name of Child: \_\_\_\_\_

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

(7) DATE OF BIRTH June 12<sup>th</sup> 22  
(Name of Month) (Day) (Year)

## FATHER

**MOTHER**

8) FULL NAME Udell Preston Williams

(14) NAME BEFORE MARRIAGE Matthie Lenora Hamilton

97 PRESENT  
POSTOFFICE  
OF FATHER *X 2 1/2 miles S.W.*

(15) PRESENT POSTOFFICE OF MOTHER *Larson # 158*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *39* (YOUTH)

(16) COLOR OR RACE *W P* (17) AGE AT LAST BIRTHDAY *29*

12) BIRTHPLACE \_\_\_\_\_ (Years) \_\_\_\_\_

(18) BIRTHPLACE \_\_\_\_\_ (Years) \_\_\_\_\_

13 OCCUPATION X 1122000-0.0.0

James 5:0

tiernes

(18) OCCUPATION

25 Number of children born to mother, including present birth { 7

(71) Number of children of this mother  
now living: looking present birth

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

(22) I hereby certify that I attended the birth of this child, who was.. 2-11-1900 ..at. 6 40 1900 ..M.,  
on the date above stated.

(23) (Signature) V. K. D. Chavan

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement-  
tal report

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

(27) Filed *June 15* 192*2* L (28) *12/2/22*  
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.