

**(1) PLACE OF BIRTH**

County of Kerr  
Township of Catts Mill  
or  
Inc. known as \_\_\_\_\_  
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** Horace Maddell Jr. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) TIME OF BIRTH To be answered only in event of TWIN or TRIPLETS	(5) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(6) DATE OF BIRTH <u>July 6, 1923</u> (Month) (Day) (Year)
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**FATHER:**

(7) FULL NAME Horace Maddell  
(8) PRESENT POSTOFFICE OF FATHER Kerrville  
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 22 (Years)  
(11) BIRTHPLACE Texas  
(12) OCCUPATION Lumberman  
(13) Number of children born to mother, including present birth 1

**MOTHER:**

(14) NAME BEFORE MARRIAGE Eva C. Crompton  
(15) PRESENT POSTOFFICE OF MOTHER Natchitoches  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE La.  
(19) OCCUPATION Dressmaker  
(20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P.M. (Hour A.M. or P.M.)  
on the date above stated.

(22) (Signature) [Signature]  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Kerrville

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(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 24 is signed "Nurse") [Signature]  
(26) Date July 10, 1923 (27) Local Registrar [Signature]

\*When there was no attending physician or midwife, when the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired so early as before the fifth month of pregnancy.