

(1) PLACE OF BIRTH

County of LancasterTownship of Little CreekOR
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 Ann B. Alley

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

(3) BOY OR GIRL 4

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

Oct 29 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Ed. Alley

(9) PRESENT POSTOFFICE OF FATHER

Lancaster

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

28 (Year)

(12) BIRTHPLACE

Farmfield to

(13) OCCUPATION

White Man

MOTHER

(14) NAME BEFORE MARRIAGE

Ann M. Murray

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

25 (Year)

(18) BIRTHPLACE

Lancaster

(19) OCCUPATION

Housewife

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

3

(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.....
on the date above stated.

(Born alive or stillborn) (Month A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lancaster

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 23 is signed)

(27) Filed

(28) Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.