

(1) PLACE OF BIRTH

County of WayneTownship of Wor
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 James Grant(3) SEX OR CHILD Girl (4) Type or Figure To be reported only in case of Twin or Triplet (5) Number in order of birth 1st (6) Age of Mother 24 (7) DATE OF BIRTH Aug. 5, 1918 (8) (Name of Hospital) (9) (City) (10) (State)

FATHER		MOTHER	
(11) FULL NAME	<u>James Grant</u>	(14) NAME BEFORE MARRIAGE	<u>Georgia Dooley</u>
(12) PRESENT POST-OFFICE OF FATHER	<u>Waverly Mills, L.C.</u>	(15) PRESENT POST-OFFICE OF MOTHER	<u>Waverly Mills, L.C.</u>
(13) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(17) AGE AT LAST BIRTHDAY	<u>24</u>	(18) AGE AT LAST BIRTHDAY	<u>24</u>
(19) BIRTHPLACE	<u>L.C.</u>	(20) BIRTHPLACE	<u>L.C.</u>
(21) OCCUPATION	<u>Labour</u>	(22) OCCUPATION	<u>Housewife</u>
(23) Number of children born to mother, including present birth	<u>1</u>	(24) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(26) (Signature) Edith A. Grant

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife Waverly Mills, L.C.

Given name added from a supplemental report

(29) Witness (Signature of Witness necessary only when question 28 is signed by mother)

(30) Filled Aug. 10, 1918 (31) 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.