

(1) PLACE OF BIRTH

County of CharlestonTownship of Highwood

Inc. Town of

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

(3) SEX MALE	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth ✓	(6) Are Parents Married ✓	(7) DATE OF BIRTH June 17, 1923 (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Levi Know</u>	(14) NAME BEFORE MARRIAGE <u>Maude Miller</u>	(9) PRESENT POSTOFFICE OF FATHER <u>0</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cammer</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>0</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>0</u>	(18) BIRTHPLACE <u>Cammer</u>	(13) OCCUPATION <u>0</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 0

Given name added from a supplemental report

(26) Witness [Signature]
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 1923 (28) J.M. G. S. U. R. 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 birth of pregnancy.

This case I want to file with the father was the same as the one for a