

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

K. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

DEPARTMENT OF COMMERCE, BUREAU OF CENSUS, U. S. G.

(1) PLACE OF BIRTH.....

Inc. Town of..... (For use of Local Registrar)

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

(3) SEX OF CHILD *Boy* (4) TIME OF BIRTH *10:15* (5) DAY OF BIRTH *Oct 15 23* (6) MONTH OF BIRTH *10* (7) YEAR OF BIRTH *1923*

FATHER.

(8) FULL NAME *Ides E. Chitwood* (9) PLACE OF BIRTH *Lorainville* (10) COLOR OF SKIN *White* (11) AGE AT LAST BIRTHDAY *26* (12) OCCUPATION *Farmer*

MOTHER.

(13) FULL NAME *Lorainville* (14) PLACE OF BIRTH *Lorainville* (15) COLOR OF SKIN *White* (16) AGE AT LAST BIRTHDAY *26* (17) OCCUPATION *Housewife*

(18) Number of children born to mother, including present birth *3* (19) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(21) (Signature) *J. M. Hobson* (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) *Nov 11 1923* (26) *J. T. Hobson*

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.

(27) *Nov 20 1923* (28) *J. T. Hobson*

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