

Form No. 1

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town of Richmondor
City of Richmond

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Blanche Iruman

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

(3) Sex <u>Female</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>12-1-1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wm. J. Iruman

(9) PRESENT POSTOFFICE OF FATHER Richmond

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Richmond

(13) OCCUPATION Teacher

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. J. Iruman

(15) PRESENT POSTOFFICE OF MOTHER Richmond

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Richmond

(19) OCCUPATION Teacher

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Female on the date above stated.(22) (Signature) W. L. Rogers(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(25) Witness W. L. Rogers
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 8-31-1923 (27) W. L. Rogers
Registrar 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.