

Form No. 1

(1) PLACE OF BIRTH

County of Dahoke

Township of

or

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 Hershey Graham

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

3. BOY OR GIRL? Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF

BIRTH Sept 12, 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Robt Graham

9. PRESENT POSTOFFICE OF FATHER

Dahoke

10. COLOR OR RACE

Black

11. AGE AT LAST BIRTHDAY

40
(Years)

12. BIRTHPLACE

Ne

13. OCCUPATION

Farming

20. Number of children born to mother, including present birth

7

MOTHER.

14. NAME BEFORE MARRIAGE

Ubbie Graham

15. PRESENT POSTOFFICE OF MOTHER

Dahoke

16. COLOR OR RACE

Black

17. AGE AT LAST BIRTHDAY

32
(Years)

18. BIRTHPLACE

Ne

19. OCCUPATION

House Wife

21. Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

James DeWitt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Dahoke

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 9, 1923

(28)

J. Brown
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.