

(1) **NAME OF CHILD** *John Wilford*
County of *Greene*
Township of *Greene*
Inc. Town of *Greene*
City of *Greene*
(If birth occurs in a hospital, or other institution, give name of same, date of birth, and address of institution.)

NOT TO BE FILLED OUT BY THE PUBLIC
 REGISTERED ONLY

(2) **Full Name of Child** *John Wilford*

(3) **BOY OR GIRL?** *Boy* **Age** *15* **Sex** *Male*

(6) **FULL NAME** *Olive B. Powers* **MOTHER'S NAME BETWEEN MARRIAGES** *Adria Jones*

(9) **PARENTS' POSTOFFICES OF FATHER** *Greene* **MOTHER'S POSTOFFICE** *Greene*

(10) **GOLDEN OR RACE** *White* **HAIR** *Light* **EYES** *Blue*

(12) **RESIDENCE** *Barro Bay* **MOTHER'S RESIDENCE** *Barro Bay*

(13) **OCCUPATION** *Electrician* **MOTHER'S OCCUPATION** *Domestic work*

(14) **Number of children born to mother, including present birth** *one* **Number of children in this mother's family, including present birth** *one*

(18) **I hereby certify that I possess the birth of this child, who was** *born* **on the date above stated.** *at* **Place of birth** *Barro Bay*

(19) **Signature** *[Signature]* **Address of Registrar** *[Address]*

Given name which bears a resemblance to the name of the child *[Name]*

(20) **Witness** *[Signature]* **Signature of witness necessary only when question 18 is signed in haste.**

(21) **Dated** *[Date]* (22) **Registrar** *[Signature]*

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.
 McCaw, of Columbia.

*When these forms are submitted to the Registrar, the Registrar, upon receipt, will issue a birth certificate to the mother of the child, and a copy of the same to the Registrar.