

(1) PLACE OF BIRTH

County of Seymour

Township of

or
Inc. Town ofor
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 Amie Lucie SennFile No. - For State Registrar Only
8371Registration District No. 3109 Registered No. 19
(For use of Local Registrar)

St. Ward

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 18 1922
(Name of Month) (Day) (Year)(8) FULL NAME John Senn(9) PRESENT POSTOFFICE OF FATHER Seymour, Tenn.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Tenn. Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Minnie Corley(15) PRESENT POSTOFFICE OF MOTHER Seymour, Tenn.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Tenn. Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Seymour, Tenn.

Given name added from a supplemental report

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

(27) Filed Apr 21 1922 (28) C. C. Taylor 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.

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