

Form No. 1

(1) PLACE OF BIRTH

County of OrangeTownship of Walshor
Inc. Town ofor
City of

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

(2) Full Name of Child

Grace Elizabeth(3) BOY OR
GIRL? L(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Sept 8 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHenry Walker Crumpton(9) PRESENT
POSTOFFICE
OF FATHERWalsh(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY28
(Years)

(12) BIRTHPLACE

London

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth1 3

MOTHER.

(14) NAME BEFORE
MARRIAGELacy Lewis Morton(15) PRESENT
POSTOFFICE
OF MOTHERWalsh(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY22
(Years)

(18) BIRTHPLACE

Orange

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... White... at 10:45 AM,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

B. J. Sloan M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician WalshGiven name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 11 1922(28) R. H. H. H.
Local RegistrarWhen 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.

MATRIN RESERVES FOR FORTHCOMING. WITH UNPAID INCOME THIS IS A SIGNIFICANT REQUIREMENT. WHITE PLAINLY, IN CASE OF TWIN OR TRIPLETS, A SIGNIFICANT REQUIREMENT. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., IN QUESTION 5.