

(1) PLACE OF BIRTH

County of WillmTownship of Willmor Inc. Town of Willmor City of Willm(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Edgar Goddy

File No. — For State Registrar Only

3981

Registration District No. 16.06 Registered No. 11
(For use of Local Registrar)(3) BOY OR GIRL Girl(4) Twin or Triplet? (5) Number in order of birth 1(6) Are Parents Married? YR(7) DATE OF BIRTH 1-19-22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Edgar Goddy(9) PRESENT POSTOFFICE OF FATHER Willm(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Marlboro - Co(13) OCCUPATION farmer & merchant(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Ruby McLean(15) PRESENT POSTOFFICE OF MOTHER Willm(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Marlboro - Co(19) OCCUPATION wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Rogers(24) State whether Physician or Midwife Physic (25) Address of Physician or Midwife Willm

Given name added from a supplemental report

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

(27) Filed 3/20 19 22 (28) J. S. Rogers 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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