

## (1) PLACE OF BIRTH

County of YorkTownship of 1st

Inc. Town of .....

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Twin <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>7/6/23</u>
(8) To be covered only in event of Twin or Triplet			(Name of Month) (Day) (Year)	

FATHER		MOTHER	
(9) FULL NAME <u>Willie King</u>	(14) NAME BEFORE MARRIAGE <u>Mabell Hahn</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Ridgely</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgely</u>
(11) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>16</u>	(17) AGE AT LAST BIRTHDAY <u>16</u>
(13) BIRTHPLACE <u>Don't no</u>	(18) BIRTHPLACE <u>Buckley Co</u>	(19) OCCUPATION <u>labor</u>	(20) OCCUPATION <u>House work</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

(23) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(24) (Signature) <u>Willie King</u>	(25) (Signature) <u>Willie King</u>
(26) State whether Physician or Midwife <u>Midwife</u>	(27) Address of Physician or Midwife <u>Hugh Hill St.</u>

(28) Given name added from a supplemental report	(29) Witness (Signature of Witness necessary only when question 23 is signed by mark)
	(30) Signed <u>Willie King</u> (31) <u>Willie King</u>

When this form is completed by a physician or midwife, then the father, housewife, etc., must sign it. If a child is born even once, it must not be reported as stillborn. No report is required if the child is stillborn.