

File No.—For State Registrar Only
4155

County of Flaucha

Township of *W. Milwaukee*
OR
Inc. Town of

City of

Registration District No. Registered No.
(For use of Local Registrar)

(2) Full Name of Child Ruth Bentone

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth 3rd

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH Jan 24 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Carl Benton

PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE
Florence County

13) OCCUPATION
Farming

20) Number of children born to mother, including present birth 13

MOTHER

(14) NAME BEFORE MARRIAGE *Annie Bell Turner*

(15) PRESENT POSTOFFICE OF MOTHER *Edinburgh*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY.....*21*.....
(Year)

(18) BIRTHPLACE
Florence County

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

1973 Address of Physician or Midwife

Wish

Given name added from a supplemental report

(28) Witness

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

50

1. *Det 1*... 1922...

(28).....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.