

(1) PLACE OF BIRTH

County of CharlestonTownship of 11

or

Inr. Town of 11

or

City of 11

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

Anneth Ellen Stokes

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

✓

(5) Number in order of birth

✓

(6) Are Parents Married?

✓

(7) DATE OF BIRTH

June 14, 1922

FATHER

(8) FULL NAME

Victor Stokes

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

46

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Book Keeper

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

2

(14) NAME BEFORE MARRIAGE

Agnes Maynard Church

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Housewife

(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 at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/22/221922Local 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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