

31479

Registered No. 214
(For use of Local Registrar)

(No. St.: Ward)

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

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

BIRTH.....Sept 25 1932
(Name of Month) (Day) (Year)

MOTHER

(10) NAME BEFORE MARRIAGE Maybell Pearce

(15) PRESENT POSTOFFICE OF MOTHER *Alpharetta*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *23*
(Years)

(18) BIRTHPLACE
Wapahalla, Ok

(19) OCCUPATION
Housewife

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

(22) I hereby certify that I attended the birth of this child, who was... Celeste ... at 12:30 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Address of Physician or Midwife

(30) Witness (Signature of Witness necessary only when question 29 is signed - see mark)

(27) Filed Sept 30 1917 (28) *W. H. C. Jones*
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.