

## (1) PLACE OF BIRTH

County of WayneTownship of North SpringInc. Town of North SpringCity of North Spring

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

(2) Full Name of Child Jack WilliamsFile No. For State Registrar Only  
**56483**Registered No. 36  
(For use of Local Registrar)

(a) BOY OR GIRL <u>Boy</u>	(b) Twin or Triplet <u>No</u>	(c) Number in order of birth <u>3</u>	(d) Age at Birth <u>28</u>	(e) Date of Birth <u>May 10, 1906</u>
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## FATHER.

(8) FULL NAME Melvin Williams(9) PRESENT POSTOFFICE OF FATHER North Spring(10) COLOR OR RACE Negro (11) AGE AT BIRTH 45 (Years)(12) BIRTHPLACE Kearns, Ok(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3(15) NAME BEFORE MARRIAGE Lucy J. Williams(16) PRESENT POSTOFFICE OF MOTHER North Spring(17) COLOR OR RACE Negro (18) AGE AT BIRTH 45 (Years)(19) BIRTHPLACE Kearns, Ok(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at North Spring on the date above stated.(23) (Signature) Malissa Benson (24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife North Spring

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10, 1906 (28) Ed. F. Hammond 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 sixth month of pregnancy.

WRITER PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT—DO NOT WRITE IN THIS SPACE. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THEN OTHER, No. 2, etc., in question 2.

McKay, of Columbia