

**30124**

Registered No. 144  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If you are giving name of room instead of street and number.)

(2) Full Name of Child Dennis Morrow -----

(2) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	BIRTH <i>Sept 2, 1933</i> (Name of Month) (Day) (Year)
MOTHER				

**MOTHER.**

(8) FULL NAME W.A. Morrow

(14) NAME BEFORE MARRIAGE Eula Duncan

8) PRESENT POSTOFFICE OF FATHER John, 16 R3

(16) PRESENT POSTOFFICE OF MOTHER Inman, IL 613

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *39* (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE SL

(18) BIRTHPLACE

(13) OCCUPATION Farmer

(1b) OCCUPATION  
Housekeeping

20) Number of children born to mother, including present birth 1 5

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:** *born alive*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

H. E. Thompson M.D.

(28) (Signature)

(25) Signature  
(26) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness ..... (Signature of Witness necessary only  
when question 23 is signed by party)

(27) Filed Sept 25 1923 (28) 6 11 1/2 Local Registrar.

..... Jan 4 ..... 1924  
 Registrar

..... Jan. 4 ..... 1914. Registrar (27) Filed H. J. ...

\*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.