

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....  
OF

City of .....

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

(2) Full Name of Child Iida Harrison { If child is not yet named, make supplemental report as directed(3) SEX Female (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 2-1-23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Geo Harrison

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Holman

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (M. or P. M.)(23) (Signature) W. H. Moore(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. H. Moore

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed 2-1-23 (28) John Coates 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.

\*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.