

(1) PLACE OF BIRTH

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County of Marion

Township of Marion

or  
Inc. Town of Irishman

City of Owens

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

(2) Full Name of Child

(a) SEX OF CHILD Boy

(b) Twin or Triplet X

(c) Number in order of birth 1

(d) Age of Person 46

(e) DATE OF BIRTH Oct 14 1923

(f) FATHER

(g) FULL NAME John Owens

(h) PRESENT POSTOFFICE OF FATHER R. F. W. Irishman S. C.

(i) COLOR OR RACE white

(j) BIRTHPLACE Marion Co.

(k) OCCUPATION Farmer

(l) MOTHER

(m) NAME BEFORE MARRIAGE Aggie Baker

(n) PRESENT POSTOFFICE OF MOTHER Same

(o) COLOR OR RACE white

(p) BIRTHPLACE Marion Co.

(q) OCCUPATION Housewife

(r) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(23) (Signature) Dr. Marvyn D. Dible

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Marion S. C.

(26) Give name added from a supplemental report

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

(28) File Aug 9 1923

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.