

(1) PLACE OF BIRTH

County of WilliamsTownship of Williams

or

Inc. Town of

or

City of (No. CUMMINGS St.; 4 Ward)

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

(2) Full Name of Child. William Cummings

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

2 6
Day (Year)

(3) BOY OR GIRL? <u>X</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 13 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Cummings(9) PRESENT POSTOFFICE OF FATHER Williams(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Williams(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE William Cummings(15) PRESENT POSTOFFICE OF MOTHER Williams(16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Williams(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was 4:30 at Williams, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Cummings (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness William Cummings (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 13 1916 (28) W. M. Cummings 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.

Registrar Only

 Registrar
 Ward
 number.
 signed, make
 s directed
2 6
Day (Year)William Cummings86.18
(Years)86.10:20 A.M.
(M. or P. M.)86.

Registrar

return. If
fore the

signers the