

File No.—For State Registrar Only

31500

13504

Registration District No. 54

Registered No. 17
(For use of Local Registrar)

(No. St. Ward)

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

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

(7) DATE OF BIRTH ☒

To know

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE Louise Alexander

(15) PRESENT POSTOFFICE OF MOTHER *Marysville, Sept. 26*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *307* (Years)

(19) BIRTHPLACE
Cochise, Texas, Mex.

(18) OCCUPATION

(71) Number of children of this mother
now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(Born alive or stillborn) (Hour * A. M. or P. M.)

(23) (Signature) M. J. Phillips Minist.

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
---	--------------------------------------

Given name added from a supplemental report

(26) Witness *Robert R. Wright*

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

Feb 10 1921 1213 Thurst V

When there was no attending physician or midwife, than 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.