

35122

State Board of Health

(If birth occurs in a hospital or

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

(2) Full Name of Child (Mae... F... Tall... Ward...) If child is not yet named, make supplemental report as directed

(6) BOY OR GIRL? Boy	(4) Twins or Triplet? Twins	(5) Number in order of birth 1st	(6) Are Parents Married? Yes	(7) DATE OF BIRTH (Month) (Day) (Year) 10 10 1960
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FATHER.

(1) **FULL NAME** Donald Earl Barker

(2) **PRESENT POST OFFICE OF FATHER** 1245 10th St

(3) **COLOR OR RACE** White

(4) **AGE AT LAST BIRTHDAY** 21 (Years)

(5) **BIRTHPLACE** Portland, Oregon

(6) **OCCUPATION** Business

(7) **Number of children born to mother, including present birth** 1

(14) NAME BEFORE MARRIAGE Janet

(15) PRESENT POSTOFFICE OF MOTHER Concord, N.H.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Maine

(19) OCCUPATION Homemaker

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(21) (Signature) 

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

Given name added from a supplement-
al report

..... 101....

..... Registrar

(30) Witness
(Signature of Witness necessary only
when question 29 is signed by mark)

(97) Filed 11/22/1923 Q. Mearns

*When there was no attending physician or midwife, then the father, householder, etc., should make this return, a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

RE: [REDACTED]