

(1) PLACE OF BIRTH
 County of Bartholomew
 Township of North
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 State of Indiana
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 702 Registered No. 67
 (For use of Local Registrar)

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

(2) Full Name of Child Christa Wigfall If child is not yet named, write

(3) SEX girl (4) TIME OF BIRTH 11:30 (5) DATE OF BIRTH Nov. 5, 1923
 (6) PLACE OF BIRTH Bartholomew County, Indiana

FATHER.
 (8) FULL NAME Julian Wigfall
 (9) PRESENT ADDRESS OF FATHER M. B. 22
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Bartholomew County
 (13) OCCUPATION Farmer

MOTHER.
 (14) FULL NAME Aicy Brown
 (15) PRESENT ADDRESS OF MOTHER M. B. 22
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Bartholomew County
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Cretia Corde
 (24) State—whether Physician or Midwife midwife (25) Address of Physician or Midwife M. B. 22

Given name added from a supplemental report

(26) Witness..... (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov. 7, 1923 at Bartholomew

When there was no attending physician or midwife, then the father, householder, etc., must sign.
 If a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.

IN.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.