

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## 2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

✓

(5) Number in order of births

To be reported only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 30, 1902

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Paul

(9) PRESENT POSTOFFICE OF FATHER

Cherito

(10) COLOR OR RACE

Cue

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Cherito

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Jeter

(15) PRESENT POSTOFFICE OF MOTHER

Cherito

(16) COLOR OR RACE

Cue

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Cherito

(19) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 1:30 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary X. Murray

(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

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

(27) Filed

July 30, 1902

(28)

James H. Hance

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.

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