

(2) Full Name of Child Thomas M. ... supplemental report as directed

FATHER.	MOTHER.
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(9) PRESENT *i* *80*

(11a) COLOR OR RACE	72 <i>W</i>	(11b) BIRTHDAY	11/11/22	(11c) RACE	W	(11d) BIRTHPLACE	W
		(Years)					

(13) OCCUPATION 7 business

(30) Number of children born to mother, including present birth Five (31) new living, including present birth Five

NAME OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife (25) Address *741 1st St. S. E.*

Given name added from a supplemental report

(7) Filed June 24, 1916 (28) E. O. Taylor, 711.
Local Registrar

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

THIRTEEN MONTHS OF PROGRESS.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only