

## (1) PLACE OF BIRTH

County of YamhillTownship of Orealor  
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? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 2, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Judson Gula Resti(9) PRESENT POSTOFFICE OF FATHER Yamhill SC R# 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42  
(Year)(12) BIRTHPLACE Henderson Co NC.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie McDowell(15) PRESENT POSTOFFICE OF MOTHER Yamhill SC R# 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Year)(18) BIRTHPLACE Henderson Co NC.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Brackman  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 12, 1923 (28) Albert W. News 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.