

THESE PLAINLY, WITHOUT UNDESIRABLE TWE—THIS IS A PUNISHMENT PROPOSED.
IN THE CASE OF TWINS OR TRIPLETS ARE A SEPARATE BLANKS FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

State Board of Health

43281

(If birth occurs in a hospital)

... St.; Ward

NAME Charles Albert Graham If child is not yet named, make

(2) Full Name of Child Rockey Arthur Graham .. } If child is not yet named, make supplemental report as directed

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(7) DATE OF BIRTH Dec, 23, 1951
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Ed. Columbia Chestnut*

(15) PRESENT POSTOFFICE OF MOTHER *Louisville R#*

(6) COLOR OR RACE *white* (7) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth 6

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

(23) (Signature) [Signature]

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

(7c) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Dec 23 191 (28) S. D. Bryant

*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 sixth month of pregnancy.

Fifth month of pregnancy.