

Form No. 1.

(1) PLACE OF BIRTH

County of *Chautauque*Township of *Chautauque*or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

JURISDICTION OF BIRTH

Division of Vital Statistics

State Board of Health

File No. *48590*

48590

(2) Full Name of Child *Herman Campbell Tucker*

If child is not yet reported, attach supplemental report as directed

(3) BOY OR GIRL *Boy*

(4) Twin or triplet?

(5) Number in order of birth

(6) Sex of Parents *Male*(7) DATE OF BIRTH *July 5, 1911*(8) FULL NAME *Shorley Tucker*

FATHER

(9) PRESENT POSTOFFICE OF FATHER *Chautauque, Wyo.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *28*

(Years)

(12) BIRTHPLACE *Judds Landing, Wyo.*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth *3*(15) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (Date of birth, month, day, year, 1911)(17) (Signature) *Dr. J. C. Adams*

(18) State whether Physician or Midwife

(19) Address of Physician or Midwife

Midwife Chautauque, Wyo.

Given under oath before a competent official person

(20) Witness

(Signature of Witness necessary only when question 16 is signed by midwife)

(21) DATE *July 7, 1911*

(22)

W. E. Muehlberg

When there is no attending physician or midwife, the father, householder, etc., should make the report. If a child is born dead, the mother must be reported as stillborn. No report is needed of stillbirths before the sixth month of pregnancy.