

## (1) PLACE OF BIRTH

County of PerdueTownship of Perdueor  
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

James Woodrow Wilson

(If child is not yet named, make supplemental report as directed)

(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

Feb 14 1922

(8) FULL NAME

David Wilson

(9) PRESENT POSTOFFICE OF FATHER

Salina La

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

48

(12) BIRTHPLACE

Perdue Co La

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Ida Heaton

(15) PRESENT POSTOFFICE OF MOTHER

Salina La

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

Perdue Co La

(19) OCCUPATION

Housewife

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

99

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive at 7 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Gire Paul Wilson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Salina La

(26) Witness

Sam W. Smith

(27) Filed

Feb 30 1922

(28) Local Registrar

(29) 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.