

File No.—For State Registrar Only

14484

Registration District No. 1410 Registered No. 44
(For use of Local Registrar)

Registered No. 44.....
(For use of Local Registrar)

(No. St.; Ward)

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

② Full Name of Child Meredith Halmon { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH May 22, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
1	2	1	2
3	4	3	4
5	6	5	6
7	8	7	8
9	10	9	10
11	12	11	12
13	14	13	14
15	16	15	16
17	18	17	18
19	20	19	20
21	22	21	22
23	24	23	24
25	26	25	26
27	28	27	28
29	30	29	30
31	32	31	32
33	34	33	34
35	36	35	36
37	38	37	38
39	40	39	40
41	42	41	42
43	44	43	44
45	46	45	46
47	48	47	48
49	50	49	50
51	52	51	52
53	54	53	54
55	56	55	56
57	58	57	58
59	60	59	60
61	62	61	62
63	64	63	64
65	66	65	66
67	68	67	68
69	70	69	70
71	72	71	72
73	74	73	74
75	76	75	76
77	78	77	78
79	80	79	80
81	82	81	82
83	84	83	84
85	86	85	86
87	88	87	88
89	90	89	90
91	92	91	92
93	94	93	94
95	96	95	96
97	98	97	98
99	100	99	100

(14) FULL NAME Robert Halmory (14) NAME BEFORE MARRIAGE Josephine Will

PRESENT POSTOFFICE OF FATHER *coais*

(15) PRESENT POSTOFFICE OF MOTHER *Shioake*

(10) COLOR OR RACE B. H. (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE

<p> <i>Franklin</i> <i>Franklin</i> </p>	<p> <i>Shrover</i> <i>Shrover</i> </p>
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10 OCCUPATION	(19) OCCUPATION
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<u>Planning</u>	<u>Hospital</u>
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(2) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Melred Baker

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

Given name added from a supplemental report

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

..... 19 (27) FILED June 8 19 (28) A. Mathie Kruuse

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.

When there was no attending physician or midwife, then the father, householder, etc. should make this return

At a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

1. The first part of the document is a list of references. The references are as follows:

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