

Form K-6

McGraw-Hill, Columbia, N. C.

File No.—For State Registrar Only

35154

Registration District No.

Registered No. 190
(For use of Local Registrar)

(No. St.; Ward
..... of name instead of street and number.)

(No. St.,
Institution, give name of same instead of street and number.)

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

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(3) BOY OR Girl <i>13.21</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth <i>✓</i>	(6) Are Parents Married? <i>✓</i>	(7) DATE OF BIRTH <i>01/11/22</i> (Name of Month) (Day) (Year)
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MOTHER.

(14) NAME BEFORE MARRIAGE *JOE LUTHER*

(15) PRESENT POSTOFFICE OF MOTHER *Vernon, La 22*

(16) COLOR OR RACE *not filled* (17) AGE AT LAST BIRTHDAY *3* (Yr)

(18) BIRTHPLACE
Tomborli, A. R.

(19) OCCUPATION
Engineer

(21) Number of children of this mother { 2

(20) Number of children born to mother, including present birth.

new living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(24) State whether

s child, who was... John ... at... 10 M.
(Born alive or stillborn) (Hour A. M. or P. M.)

John Murray

Given name added from a supplemental report

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

(27) Filed 11-1-22 1922 (28) 11-1-22 Local Registrar.

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.

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