

MARGIN RESERVED FOR BIRTHING.

WRITE MAINLY WITH INK AND INK-THIS IS A PERMANENT RECORD
IN BLUE INK OF SPECIAL FORMS, AND IN RED INK OF SPECIAL FORMS FOR MALE CHILD, AND IN RED INK OF SPECIAL FORMS FOR FEMALE CHILD, AND IN OTHER CASES, IN QUESTION 8.

(1) PLACE OF BIRTH		COUNTY OF <u>Clarendon</u>		TOWNSHIP OF <u>7th Jan</u>		INC. TOWN OF		CITY OF		(No. St.; Ward)	
(2) Full Name of Child		<u>James Arthur Fleming</u>		(If child is not yet named, make supplemental report as directed)		BIRTH <u>Feb</u> <u>1</u> <u>22</u>		(Name of Month) (Day) (Year)		Registration District No. <u>1317</u>	
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH							
<u>Boy</u>			<u>Yes</u>	<u>Feb 1 22</u>							
FATHER.											
(8) FULL NAME	<u>Robert S. Fleming</u>										
(9) PRESENT POSTOFFICE OF FATHER	<u>Manning L.C. R 2</u>										
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY										
<u>Black</u>	<u>19</u>										
(12) BIRTHPLACE	<u>L.C.</u>										
(13) OCCUPATION	<u>Farming</u>										
(20) Number of children born to mother, including present birth	<u>3</u>										
MOTHER.											
(14) NAME BEFORE MARRIAGE	<u>Laura Evans</u>										
(15) PRESENT POSTOFFICE OF MOTHER	<u>Manning L.C. - R 2</u>										
(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY										
<u>Black</u>	<u>19</u>										
(18) BIRTHPLACE	<u>L.C.</u>										
(19) OCCUPATION	<u>Housewife</u>										
(21) Number of children of this mother now living, including present birth	<u>3</u>										
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
(22) I hereby certify that I attended the birth of this child, who was	<u>Born alive</u> at <u>5 P.</u> M.										
on the date above stated.	(Born alive or stillborn) (Hour M. or P. M.)										
(23) (Signature)	<u>Lucy Bingham</u>										
(24) State whether Physician or Midwife	<u>M. M.</u>										
(25) Address of Physician or Midwife	<u>Manning L.C. R 2</u>										
Given name added from a supplemental report											
(26) Witness	(Signature of Witness necessary only when question 23 is signed by mark)										
(27) Filed	<u>Feb 4</u> 19 <u>22</u> (28) <u>H. P. Smith</u> Local 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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