

County of Washburn
Township of Washburn
or
Inc. Town of
or
City of Washburn in a hospital or other

File No.—For State Registrar Only
18465

Inc. Town of St.; Ward)
City of (No., give name of same instead of street and number.)

(2) Full Name of Child Benjamin Russell Sledge If child is not yet named, make supplemental report as directed

7. BOY CR
~~FILE~~

4) Twin or Triplet?

(5) Number in order of birth

(5) Are Parents Married?

(7) DATE OF BIRTH Feb 4 1922
(Name of Month) (Day) (Year)

FATHER.

Q FULL
NAME

9) PRESENT
POSTOFFICE
OF FATHER

13) COLOR
OR
RACE

12 BIRTHPLACE

13 OCCUPATION:

(11) AGE AT LAST BIRTHDAY.....
(Years)

29) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

MOTHER.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... J. W. ... 4/17/25 at... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

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

(37) Filed Feb 7 1927 (28)..... Local Registrar.
This return.

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.