

Form No. 1.

1. PLACE OF BIRTH

County of Wayne

Township of Wayne

Inc. Town of Wayne

City of Wayne

Registration District No. 1 Registered No. 12  
(For use of Local Registrar)  
birth occurs in a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child Lucas James

File No. — For State Registrar Only  
**42916**

BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Lucas James</u>			NAME BEFORE MARRIAGE <u>William J. Smith</u>	
PRESENT POSTOFFICE OF FATHER <u>Wayne, Mich.</u>			PRESENT POSTOFFICE OF MOTHER <u>Wayne, Mich.</u>	
COLOR OR RACE <u>White</u>			COLOR OR RACE <u>White</u>	
BIRTHPLACE <u>Wayne, Mich.</u>			BIRTHPLACE <u>Wayne, Mich.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Farmer</u>	
Number of children born to mother, including present birth <u>1</u>			Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) W. J. Smith (Hour A. M. or P. M.) 9 A. M.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wayne, Mich.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)  
(27) Filed June 21 1915 (28) W. J. Smith 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 sixth month of pregnancy.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST BORN, No. 1, THE OTHER, No. 2, etc., in question 5.