

(1) PLACE OF BIRTH

County of Westerfield

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child Fossie M. Pierce

File No.—For State Registrar Only

3662

Registration District No. Registered No. 21

(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 25, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Dorce(9) PRESENT POSTOFFICE OF FATHER Mexico Mo.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Arlington(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1, one

MOTHER.

(14) NAME BEFORE MARRIAGE Barner Massey(15) PRESENT POSTOFFICE OF MOTHER McBee Mo.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Westerfield(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... white ... at ... 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annice Dixon

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

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 23 is signed by clerk

(27) Filed

19

(28)

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.