

Form No. 1

(1) PLACE OF BIRTH

County of YorkburgTownship of Mingoor
Inc. Town ofor
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

Anna Belle Benton

No. 1a.—For State Registrar Only

546

Registration District No. 4207 Registered No. 5
(For use of Local Registrar)

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

(3) BOY OR
GIRL girl(4) Twin
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married yes(7) DATE OF
BIRTH Feb. 25, 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Hubert Benton(9) PRESENT
OCCUPATION
OF FATHER Andrius(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 30
(Years)(12) BIRTHPLACE Lexington(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth 1

MOTHER.

(15) NAME BEFORE
MARRIAGE Anna Benton(16) PRESENT
OCCUPATION
OF MOTHER Andrius(17) COLOR
OR
RACE White(18) AGE AT LAST
BIRTHDAY 24
(Years)(19) BIRTHPLACE Lexington(20) 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 born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Hubert Benton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Date Feb. 25, 1913

(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.