

(1) PLACE OF BIRTH

File No.—For State Registrar Only

27047

Township of Wayne Registration District No. 3105 Registered No.
(For use of Local Registrar)
Inc. Town of
City of Layla (No. St.; Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Annie Williams..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>James 5 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Samuel Williams

PRESENT POST-OFFICE OF FATHER New Brook Land

(ii) AGE AT LAST BIRTHDAY 22
(Years)

6) BIRTHPLACE
Pahrump Co

iii) OCCUPATION

(14) NAME BEFORE MARRIAGE *L. P. C. Cordwin*

(15) PRESENT
POSTOFFICE
OF MOTHER *NEAR Brook Land St*

(16) COLOR OR RACE Colt (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE *Calhoun* *Calhoun*

(19) OCCUPATION
house wife

(21) Number of children of this mother
now living, including present birth } 1

2) Number of children born to
Married: 1938 present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

22) : hereby certify that I attended the birth of this child, who was Boys alive at 11 M.
on the date above stated. (Boys alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) *M. Dwyer, M.D.*

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

Given name added from a supplemental report

(26) Witness Julie Goodwin
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filled191.... (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.

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