

## (1) PLACE OF BIRTH

County of DarbyTownship of Darby

Inc. Town of.....

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 John C. Washington(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) DATE OF BIRTH Nov 12 1915FATHER. (7) NAME BEFORE MARRIAGE John C. Washington (8) PRESENT RESIDENCE OF FATHER Darby(9) COLOR Col (10) AGE AT LAST BIRTHDAY 30(11) BIRTHPLACE Darby(12) OCCUPATION Farm Hand(13) Number of children born to mother, including present birth 3MOTHER. (14) NAME BEFORE MARRIAGE Maude Bryant (15) PRESENT RESIDENCE OF MOTHER Darby(16) COLOR Col (17) AGE AT LAST BIRTHDAY 25(18) BIRTHPLACE Darby(19) OCCUPATION Farm Hand(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Rebecca Moore (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Darby

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed 11/20 1915 (27) Registrar John D. Moore

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.