

County of
State of
City of

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

(2) Full Name of Child Edgar

SEX girl AGE 1
DATE OF BIRTH 11/11/1911

FATHER Edgar

MOTHER Simmons

(16) COLOR clard (17) AGE 11

(18) BIRTHPLACE Ch

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(19) OCCUPATION farmer

(20) Number of children of this mother now living, including present birth 11

(21) I hereby certify that I attended the birth of this child, who was Born Edgar on the date above stated. (born alive or stillborn)

(22) Signature of Physician or Midwife Michael Elias

(23) Address of Physician or Midwife Simmons Hill

Given name added from a supplemental report

Signature of Witness R. H. Mason

Signature of Registrar R. H. Mason

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 of a child born before the fifth month of pregnancy.