

File No.—For State Registrar Only

County of

Township of

Inc. Te

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

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

3) BOY OR GIRL?

4) Twin

(5) Number in order of birth

(6) Are Parents Married?

107 DATE OF

BIRTH..... 7 27 18...
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(11) AGE AT LAST BIRTHDAY

(13) OCCUPATION

20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(23) (Signature) _____
(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) Filed

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

Oct 13 19 22 (28) H. W. Seawright
Local Registrar.

*****, 19 ****
 Registrar

(27) Filed Q. 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.

Local Registrar

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