

(1) PLACE OF BIRTH

County of HarlingenTownship of Spring Creek

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 Willie HarrisonFile No. — For State Registrar Only
59678(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) 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 alive at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen F. Baker

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

Given name added from a supplemental report

(26) Witness P. E. R. (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed June 1, 1916 (28) E. A. Early 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.

MAKING UNDESIRABLE FOR PRINTING. WRITER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the CHILD OF COLUMBIA