

Form No 1.

(1) PLACE OF BIRTH

County of ChampaignTownship of Cove

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same, location of street and number.)

CERTIFICATE OF BIRTH

JANUARY 1912

Division of Vital Statistics

State Board of Health

48628

Registration District No. 1342

Registered On

Date of Birth

(2) Full Name of Child

Hattie Singleton

It should be noted that children born in hospitals or other institutions should be reported as such.

(3) BOY OR GIRL

girl

(4) Twin

born

(5) Whether in order of birth

1

Age

34

Date of Birth

Feb. 1912

Place of Birth

Name of Hospital, etc.

(6) FULL NAME

Ally Singleton

(7) PRESENT POSTOFFICE OF FATHER

Summitton, Mo.

(8) COLOR OR RACE

negro

(9) AGE AT LAST BIRTHDAY

24

(Years)

(10) BIRTHPLACE

Mo. 8c

(11) OCCUPATION

Farmer

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

5

(13) NAME BEFORE MARRIAGE

Jane Singleton

(14) PRESENT POSTOFFICE OF MOTHER

Summitton, Mo.

(15) COLOR OR RACE

negro

(16) AGE AT LAST BIRTHDAY

23

(17) BIRTHPLACE

Mo. 8c

(18) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(13) I hereby certify that I attended the birth of this child, who was alive 7 ft. 7 in. on the date above stated.

(14) (Signature)

W. H. H. H.

(15) State whether Physician or Midwife

Physician

(16) Name of Physician or Midwife

W. H. H. H.

Given name added from a supplementary report

None

(17) Witness

W. H. H. H.

(18) Signature of Witness necessary only when question 13 is signed by marks

W. H. H. H.

(19) Date

Feb. 12, 1912

(20) Place

Mo. 8c

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When there was no attending physician or midwife, then the father, householder, etc., should make this report, and in such a case the child should be reported as stillborn. No report is desired of stillborn children born in the sixth month of pregnancy.