

Form No. 1.

(1) PLACE OF BIRTH

County of Montgomery

Township of Coaldale

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same, hospital or general and medical.)

CERTIFICATE OF BIRTH

STATE OF MONTGOMERY

Department of Health

State Board of Health

NO. 48587

Registration District No. 1203

Residence No. 25

(2) Full Name of Child Ernest R. Howell

If child is not yet named, and is subsequently named, the name shall be entered in this space.

(3) BOY OR GIRL? Boy

(4) Twin or triplet? No

(5) Whether in order of birth 1st

(6) Age 3 yrs

(7) Date of Birth July 10, 1923

FATHER

MOTHER

(8) FULL NAME Ernest R. Howell

(9) FULL NAME Ernest R. Howell

(9) PRESENT POSTOFFICE OF FATHER Christfield & Co

(10) PRESENT POSTOFFICE OF MOTHER Christfield & Co

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 36 (Years)

(13) COLOR OR RACE Black (14) AGE AT LAST BIRTHDAY 36 (Years)

(15) BIRTHPLACE Mo. Co.

(16) BIRTHPLACE Christfield & Co

(17) OCCUPATION Farmer

(18) OCCUPATION Housewife

(19) Number of children born to mother, including present birth 3

(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 at 12:30 A.M. on the date above stated. (State alive or deceased) (Sign at right)

(22) (Signature) Ella L. Howell

(23) Address of Physician or Midwife Christfield & Co

(24) (Signature) Ernest R. Howell

(25) (Signature of Witness necessary only when question 23 is signed by child) J. E. Muller

REMARKS: REMARKS SHOULD BE ENTERED IN THIS SPACE.

WHEN OPERATING THIS FORM IS A PERMANENT RECORD. WHEN THE REGISTRAR USES A SEPARATE BLANK FOR EACH CHILD, AND NEEDS THE REGISTRAR, NO. 1. THIS OFFICE, NO. 2, etc. in question 2.

When the child is born in a hospital or other institution, the father, householder, etc., should make this statement in the presence of the physician or midwife, and the statement should be signed by the father, householder, etc., and the physician or midwife.