

(1) PLACE OF BIRTH

County of Union

Township of

or Town of

City of Union

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

(2) Full Name of Child Reginald Paul Crawford

(3) SEX Male (4) Type or Triplet Single (5) Number in order of birth 1st (6) Date of birth Sept 18 1923
 (7) Month (Day) (Year)

FATHER.
 (8) Full Name W. Simpson Crawford
 (9) Present Residence of Father Union, Mo
 (10) Color or Race W (11) Age at last birthday 43
 (12) Birthplace Union, Mo
 (13) Occupation Blacksmith
 (14) Number of children born to mother, including present birth Three

MOTHER.
 (15) Name before marriage Ella Leiden
 (16) Present Residence of Mother Union, Mo
 (17) Color or Race W (18) Age at last birthday 34
 (19) Birthplace Union, Mo
 (20) Occupation Wife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) Dr. R. H. Perry
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union, Mo

Give name added from a supplemental report

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

(27) Filed 11-19-23 (28) A. G. Sarrett Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

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