

(1) PLACE

County of

Township of

Inc. Town of

City of

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

Registration Number 74.....

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, give name of child at birth.

(a) SEX girl (b) Age 16 (c) Date of birth Jan 16 1943
 (d) Place of birth Springboro, Pa. (e) Sex of mother female (f) Date of birth of mother Jan 16 1913

(g) Name of father William Cooper (h) Name of mother Francis Bailey
 (i) Name of child Charleston A. C. (j) Name of child Charleston A. C.

(k) Color Colored (l) Color Colored
 (m) Birthplace Springboro, Pa. (n) Birthplace Springboro, Pa.

(o) Occupation Buy shop cigar factory (p) Occupation house wife

(q) Number of children born to mother, including present one 1 (r) Number of children of the mother 16

(s) I hereby certify that I attended the birth of this child, who was... Jan 16 1943... U.S.A.
 on the date above stated. (t) Date of birth of child Jan 16 1943 (u) Date of birth of mother Jan 16 1913

(v) Signature Amelia A. Davis (w) Signature Amelia A. Davis
 (x) Date whether Physician or Midwife midwife (y) Address of Physician or Midwife midwife

Given name added from a supplementary report
 (z) Witness William Cooper (aa) Witness William Cooper

(ab) Filed 1/23/43 (ac) Filed 1/23/43

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it shall be reported as children. No report is desired of stillborns before the fifth month of pregnancy.