

MARGENT MEMORANDUM FOR REGISTER

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8.

(1) PLACE OF BIRTH  
 County of Chester  
 Township of Lewisville  
 or Town of .....  
 or City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 1106 Registered No. 6  
 (For use of Local Registrar)

(2) Full Name of Child Cora Lee Kessels  
 (If child is not yet named, make appropriate report as directed)

(a) SEX Female (b) Type of Birth Normal (c) Number of Birth 1 (d) Is mother living? Yes (e) Date of Birth Sept. 9th 1923

FATHER  
 (1) NAME Walter Brooks  
 (2) RESIDENT ADDRESS Lands Lc  
 (3) COLOR White (4) AGE AT LAST BIRTHDAY 21  
 (5) OCCUPATION Working in cotton mill  
 (6) Number of children born to mother, including present birth 2

MOTHER  
 (1) NAME Sarah Margaret Wilson  
 (2) RESIDENT ADDRESS Lands Lc  
 (3) COLOR White (4) AGE AT LAST BIRTHDAY 19  
 (5) OCCUPATION Housekeeping  
 (6) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.  
 (23) (Signature) Mrs. M. A. Lewis  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lands Lc

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 22 is signed by father)  
 (27) Filed 3-5-23 (28) J. H. Allen 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.