

FORM NO. 1  
 MARGIN RESERVED FOR BINDING.  
 WRITE 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 5.  
 McCaw, of Columbia.

**(1) PLACE OF BIRTH**  
 County of Union  
 Township of Union  
 or  
 Inc. Town of ..... Registration District No. 42-A  
 or  
 City of Union (No. 7) Enterprise Registered No. 174  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.) St.: 4 Ward

File No.—For State Registrar Only  
87630

**(2) Full Name of Child** Bonnie Beatrice ..... } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 13</u> 191 <u>6</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Frank Clay</u>	(14) NAME BEFORE MARRIAGE <u>Ella Lawson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Enterprise</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Enterprise</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>Le Noir, Mo.</u>	(18) BIRTHPLACE <u>Union, Mo.</u>			
(13) OCCUPATION <u>Work Overseas in repair of cotton mill</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was white at ..... 2 ..... P. A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) O. P. Jackson M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union, Mo.

Given name added from a supplemental report  
1912 5743 ..... 191.....  
L. R. Piser M.D. .....  
 Registrar  
 (26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov. 18 1916 (28) D. G. Sarratt  
 Local 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.