

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Fish Wagon

Inc. Town of

City of

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

(2) Full Name of Child Robert LandFile No. 92097 For State Registrar OnlyRegistered No. 56
(For use of Local Registrar)(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Dec 30 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathan Land(9) PRESENT POSTOFFICE OF FATHER Carlisle(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE 50(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rosiebell Herndon(15) PRESENT POSTOFFICE OF MOTHER Carlisle(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE 50(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Hejermeth

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Jan 4 1917 (28) P.H. Jeter 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.