

(1) PLACE OF BIRTH

County of CalletonTownship of Calleton

or

Inc. Town of.....

or

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 Harriet Gertrude Palmer If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 8, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William W. Palmer(9) PRESENT POSTOFFICE OF FATHER Harbin(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 46
(Year)(12) BIRTHPLACE Calleton(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Mattie E. Gibson(16) PRESENT POSTOFFICE OF MOTHER Harbin, Mo(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 36
(Year)(19) BIRTHPLACE Calleton Mo(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:45 P.M. on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) Magie Brelaut(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Harbin Mo

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 4, 1922(28) R. V. Brelaut

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.