

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1

(1) PLACE OF BIRTH

County of Adams

Township of Adams

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. 46.00

Registered No. 103

(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Lucy Prieta

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl

(4) Type or Triplets

(5) Number in order of birth

(6) Age of Mother 24

(7) DATE OF BIRTH Oct 6, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louise Prieta

(9) PRESENT RESIDENCE OF FATHER Adams

(10) COLOR Negro

(11) AGE AT LAST BIRTHDAY 37

(12) BIRTHPLACE St.

(13) OCCUPATION Team Labor

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME OF MOTHER Lucy Allen

(15) PRESENT RESIDENCE OF MOTHER Adams

(16) COLOR Negro

(17) AGE AT LAST BIRTHDAY 34

(18) BIRTHPLACE St.

(19) OCCUPATION Team Labor

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) 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.)

(22) (Signature) Rachel L. Jones

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife Adams

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother) F. H. Boyd

(26) Date Oct 23, 1923

(27) Local Registrar F. H. Boyd

When this child is born dead, then the father, householder, etc., should make this return. If a child is born dead, it shall be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.