

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Willamette
Township of Linkey
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 491 Registered No. 80
(For use of Local Registrar)

(2) Full Name of Child Connell Nesmith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Dec 5 0</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Peter Nesmith</u>	(14) NAME BEFORE MARRIAGE <u>Lala Pressley</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Flowler</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Flowler</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Willamette</u>	(18) BIRTHPLACE <u>Willamette</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Everett Jones
(24) State whether Physician or Midwife Midwife (Address of Physician or Midwife)

Given name added from a supplemental report

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

(27) Filed Dec 1912 (28) W. E. Snowden 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.

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