

## (1) PLACE OF BIRTH

County of Laurin  
 Township of Wester  
 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

Wm. Pitts

File No.—For State Registrar Only

30968

Registration District No. 2902 Registered No. 93  
 (For use of Local Registrar)

St.; ..... Ward)

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

(3) SEX OR Male (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10, 1902  
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

(8) FULL NAME OF FATHER Wm. Pitts (9) PRESENT POSTOFFICE OF FATHER Marionville, Mo. (10) NAME OF MOTHER Marion Nichols (11) PRESENT POSTOFFICE OF MOTHER Marionville, Mo.

(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 25 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 36  
 (Years) (Years)

(16) BIRTHPLACE Laurin Co. (17) BIRTHPLACE Laurin Co. (18) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 6 (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 this at 11 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature) Harold J. Allen (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marionville, Mo.

Given name added from a supplemental report

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

(27) Filed Sept 13, 1902 (28) Wm. Pitts 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.