

(1) PLACE OF BIRTH

County of PolkTownship of Earlyor
Inc. Town of Earlyor
City of Early

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

(2) Full Name of Child James Franklin Hughes

File No.—For State Registrar Only

5390

Registration District No. 37-dRegistered No. 21

(For use of Local Registrar)

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

JAN 22 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. H. Hughes(9) PRESENT POSTOFFICE OF FATHER Early, Mo.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE Lancaster(13) OCCUPATION Insurance Agent(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Madys Harkins(15) PRESENT POSTOFFICE OF MOTHER Early, Mo.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Lancaster(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Early, Mo. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. W. Mac

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Early, Mo.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 4, 1927

(28)

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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MOTHER'S NAME, BIRTHPLACE, BIRTHDATE, COLOR, RACE, AGE AT LAST BIRTHDAY, OCCUPATION, PRESENT POSTOFFICE, NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH, NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH, STATE WHETHER PHYSICIAN OR MIDWIFE, ADDRESS OF PHYSICIAN OR MIDWIFE, SIGNATURE OF PHYSICIAN OR MIDWIFE, SIGNATURE OF WITNESS, DATE OF BIRTH, NAME OF CHILD, PLACE OF BIRTH, COUNTY OF BIRTH, STATE OF BIRTH, FILE NO.—FOR STATE REGISTRAR ONLY, REGISTRATION DISTRICT NO., REGISTERED NO., (FOR USE OF LOCAL REGISTRAR).