

71217

County of Willamette
 Township of Willamette SC
 or
 Inc. Town of Willamette Registration District No. 3 C Registered No. 10
 or
 City of Willamette (No. 10 St. 10 Ward 10)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Robert M. Mason { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 10 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Mason
 (9) PRESENT POSTOFFICE OF FATHER Willamette SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
 (12) BIRTHPLACE Illinois
 (13) OCCUPATION Brick mason
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Chapman
 (15) PRESENT POSTOFFICE OF MOTHER Willamette SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE D-ville Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theresa L. Mason(24) State whether Physician or Midwife (25) Address of Physician or Midwife Willamette SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 9-8 1916 (28) P. F. Russell 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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