

50725

County of Gibson.....

Township of McClellan.....

Inc. Town of.....

OF

(If birth occurs in a hospital)

State Name of Member 208 Registered No. 1  
Registration District No. .... (For use of Local Registrar)

.....St. ....Word

(No. ....)  
 or institution, give name of same instead of street and number.)  
 ... child is not yet named, make

(2) Full Name of Child Annie Louise Byrd.....

(2) <b>NAME OF CHILD</b> girl	(4) <b>TYPE OF TRIPLET</b> To be answered only in event of Twins or Triplets	(3) <b>NUMBER IN ORDER OF BIRTH</b> 1	(5) <b>DATE OF BIRTH</b> 7/10	<b>BIRTH</b> <u>Oct 28</u> 19 <u>40</u> (Month of Birth) (Day) (Year)
				<b>MOTHER</b>

FATHER. (14) NAME BEFORE Alice Hall

(10) FULL NAME Robert Payton

PRESENT POSITIONING *Early 82* *Early 82*  
 OF INTEREST *11/6*

(10) COLOR *white* (11) AGE AT LAST BIRTHDAY *56* (12) BIRTHDAY *7 6*

(10) white (Year) \_\_\_\_\_  
 (10) white Yellow Co. Inc.

112 Albert Co. Inc. Albert Co. Inc.

(13) OCCUPATION	Housewife
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\_\_\_\_\_ Hamm \_\_\_\_\_

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

\_\_\_\_\_ ATTENDING PHYSICIAN OR MIDWIFE \_\_\_\_\_

I hereby certify that I attended the birth of this child, who was... *alive* ..... at *4:15* .....  
(Born alive or stillborn) (Hour A. M. or P.)

(22) I hereby certify, under penalty of perjury, that the foregoing is a true and correct copy of the document on the date above stated.

(23) (Signature) Lois Webb

(20) (Signature) \_\_\_\_\_ (21) \_\_\_\_\_  
(24) State whether Physician Physician or Midwife Physician Wagner

Class name added from a supplement.

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

(17) Filed 11/22/23 (20) 2528 [Signature] Local Registrar

When there was an attending physician or midwife, then the father, householder, etc., should make this report to the Registrar as reported an stillborn. No report is desired of stillbirths.

if a child breathes even once, it must not be before the fifth month of pregnancy.