

(1) PLACE OF BIRTH

County of Harry.....

Township of FLYCH

Inc. Town of.....

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 Darcey Hooks

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

(3) BOY OR GIRL? *Girl*

(4) **Twin or Triplet?**
To determine

(5) Number in
order of birth

(5) Are Parents Married?

(7) DATE OF BIRTH Sept 8 1912

FATHER.

(B) FULL NAME Carlton Francis Horne

(9) PRESENT POSTOFFICE OF FATHER Nehres S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)

Harry C. Se

Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Smee

(15) PRESENT POSTOFFICE OF MOTHER Nichols

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

Harry C. Se

(10) OCCUPATION
Housewife

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 116 M.,
on the date above stated 22 (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) G. H. Luebeck
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife
M.D. | 711 - 1st St. S.E.

114 N.

Given name added from a supplemental report

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

(27) Filed Sept 19 1944 (28) G. F. Nuttall

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.