

## (1) PLACE OF BIRTH

County of LouiseTownship of Lane

In Town of

City of

(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Alexander Tilton { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH May 8, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Julius Tilton(9) PRESENT POSTOFFICE OF FATHER Scranton(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Florence Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Tracie Matthews(15) PRESENT POSTOFFICE OF MOTHER Scranton Pa.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Florence Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... 7 ..... A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. H. Harrell ..... Tilton .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | Scranton Pa.

Given name added from a supplemental report

..... 191 .....

..... Registrar

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

(27) Filed 5-16-1922 (28) R. W. Carter ..... 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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