

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Quinnipiac
 Township of George's Creek
 OR
 Inc. Town of
 OR
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 507 Registered No.
 (For use of Local Registrar.)
 St.; Ward)

File No.—For State Registrar Only
28961

(2) Full Name of Child Lena Alice Hubbs If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 6 1922</u> (Name of Month) (Day) (Year)
(8) FATHER <u>John Harry Hubbs</u>		(9) MOTHER <u>Mary Alice Bolen</u>		
(10) FULL NAME <u>John Harry Hubbs</u>		(11) NAME BEFORE MARRIAGE <u>Mary Alice Bolen</u>		
(12) PRESENT POSTOFFICE OF FATHER <u>Sherrille R.R.</u>		(13) PRESENT POSTOFFICE OF MOTHER <u>Sherrille R.R.</u>		
(14) COLOR OR RACE <u>White</u>		(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(16) BIRTHPLACE <u>Quinnipiac Co</u>		(17) BIRTHPLACE <u>Quinnipiac Co</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn? (Hour 7:45 M. or P. A.)
 on the date above stated.
 (23) (Signature) D. K. Huggs
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed (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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