

THIS IS 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 Lower
 Township of Lower
 or
 Inc. Town of Wahala
 or
 City of Wahala (No. 32006)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vivie Fleming

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James P. Fleming
 (9) PRESENT POSTOFFICE OF FATHER Wahala
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE Wahala
 (13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE William P. Fleming
 (15) PRESENT POSTOFFICE OF MOTHER Wahala
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Wahala
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 13 (21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. White
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wahala

Given name added from a supplemental report Wahala
 (26) Witness W. B. White (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/2 19 22 (28) W. B. White 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.