

For Dealer Only

~~5048~~

Registration District No. 3305 Registered No. 11
 (Signature of Local Registrar)

(No. 00) (St. Ward)
 (If child has been previously reported, give date and name of the last report and number.)
 Child Name of Child Warfied Love Barrington (If not yet named, make report as directed)

1. Parents
 2. Child of Birth
 3. Yes
 4. Yes
 5. Yes
 6. Yes
 7. Yes
 8. Yes
 9. Yes
 10. Yes
 11. Yes
 12. Yes
 13. Yes
 14. Yes
 15. Yes
 16. Yes
 17. Yes
 18. Yes
 19. Yes
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 34. Yes
 35. Yes
 36. Yes
 37. Yes
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 39. Yes
 40. Yes
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 89. Yes
 90. Yes
 91. Yes
 92. Yes
 93. Yes
 94. Yes
 95. Yes
 96. Yes
 97. Yes
 98. Yes
 99. Yes
 100. Yes

FATHER.		MOTHER.	
Name of Person <u>Naeter B. Barrington</u>		NAME OF PERSON <u>Heber Snow</u>	
MARRIAGE		MARRIAGE	

POSTOFFICE OF FATHER Tatum OC (13) PRESENT POSTOFFICE OF MOTHER Tatum OC

(1) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>31</i> (Years)	(12) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
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1. CONTINUED SC (13) ENTERED 7A

18. OCCUPATION *Customs Inspector*

Number of children born to mother, including present birth 4

(2) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) X10 Reese
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 E. 1st St. #100

Physician	Palmer, C. C.
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Given name added from a supplemental report

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

(27) Filed Jan 24 1922 (28) J. H. Westbury
Local Registrar
for this return

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.