

File No.—For State Registrar Only

County of *Y. H. Standing*
Township of *Leavenworth*
or
Inc. Town of.....
or
City of

Registration District No. Post-9 Registered No. 89
(For use of Local Registrar)

Loc. Town of.....St.;Ward)
or
City of (No. instead of street and number.)
If birth occurs in a hospital or other institution, give name of same; if child is not yet named, make

(2) Full Name of Child Jos. River Cisneros (7) DATE OF 1/18 supplemental report as directed

3. BOY OR GIRL <i>Boy</i>	4. Twin or Triplet? <i>/</i> To be answered only in event of Twins or Triplets	5. Number in order of birth <i>1</i>	6. Are Parents Married? <i>yes</i>	7. BIRTH <i>Sept. 20, 1932</i> (Name of Month) (Day) (Year)
8. MOTHER <i>21</i>				

FATHER.

20 FULL NAME *Time Pearson Andrews*

21 PRESENT POSTOFFICE OF FATHER *Jasperman L.C.*

22 COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (1 ONLY)

23 BIRTHPLACE *Henderson Co. N.C.*

24 OCCUPATION *Farmer*

MOTHER

(14) NAME BEFORE MARRIAGE Lara Ellen Collins

(15) PRESENT POSTOFFICE OF MOTHER Imman, A. D.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Transylvania C. N. S.

(19) OCCUPATION House-work

(21) Number of children of this mother now living, including present birth 12

22 Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was... white ...at 1246 ...11 M. or P. M.
on the date above stated. PG Christensen 920
(Born alive or stillborn) (Hour)

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10.3.1942 (28) *CL Murray* Local Registrar.

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.

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