

WRITE 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 PLANT-BLOOM, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Ankeny
 Township of Brigg
 or
 Inc. Town of.....
 or
 City of Hammond, La. (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 Theresa Kathleen Woods (If child not 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>Feb. 22</u> (Name of Month) (Day) (Year)
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FATHER Wm. Woodland
 (8) FULL NAME Wm. Woodland
 (9) PRESENT POSTOFFICE OF FATHER Hammond La.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 years
 (12) BIRTHPLACE Lexington Co. La.
 (13) OCCUPATION Mill Worker

MOTHER Franklin
 (14) NAME BEFORE MARRIAGE Maggie Franklin
 (15) PRESENT POSTOFFICE OF MOTHER Hammond La.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 years
 (18) BIRTHPLACE Ankeny Co. La.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 6
 (21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was... born ...at 5:40 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Pearson, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hammond, La.

Given name added from a supplemental report
See off 9-15-52

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Mich 10th 22
 (27) Filed 19 22 (28) St. R. Thurbell, R.S.M. 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.

Given name added from a supplemental report

Registrar.