

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

ISSUED BY THE

Bureau of Vital Statistics

State Board of Health

FILED - 30778

Registration District No. 4401

Registered No. 141

(2) Full Name of Child James Roy Roach

If child is not yet named, give supplemental report as a birth.

(3) BOY OR GIRL 18904 (4) Time of birth (5) Month in which of birth (6) Age in months (7) DATE of birth (8) Place of birth

(9) FULL NAME Frank G. Roach (10) NAME BEFORE MARRIAGE Jamie Washburn

(11) PRESENT POSTOFFICE OF FATHER R. F. W. I. Washburn (12) PRESENT POSTOFFICE OF MOTHER

(13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 25 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 25

(17) BIRTHPLACE Clark Co. (18) BIRTHPLACE Clark Co.

(19) OCCUPATION Farmer (20) OCCUPATION Housewife

(21) Number of children born to mother, including present birth 2 (22) Number of children at the mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(24) (Signature) (25) Address of Physician or Midwife (26) Address of Physician or Midwife

Given name of child as reported (27) Witness (28) Signature of Witness necessary only when question 23 is signed by mother

3/8/43 (29) Date of birth (30) Date of birth

When there was no attending physician or midwife, then the father, householder, etc., should make the report as a birth. No report is desired of stillborn births.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. H. 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.

McKay, at Columbia.