

Form No. 1

## (1) PLACE OF BIRTH

County of MarionTownship of MarionInc. Town of MarionCity of Marion(No. 96 St. 1 Ward 1)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ther. L. Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Type or Triplet	(5) Number in order of birth <u>5</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 11 1923</u> (Name of Month) (Day) (Year)
----------------------------	---------------------	---------------------------------------	------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Ther. L. Brown</u>	(14) NAME BEFORE MARRIAGE <u>Ther. L. Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Marion</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Marion</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)
(12) BIRTHPLACE <u>Marion</u>	(18) OCCUPATION <u>Dr. L. Brown</u>	(13) BIRTHPLACE <u>Marion</u>	(19) OCCUPATION <u>Ther. L. Brown</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ther. L. Brown at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ther. L. Brown  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion

(If name added from a supplemental report)

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

(27) Filed July 7 1923 (28) Ther. L. Brown 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.

WRITE PLAINLY, WITH INK, AND IN ENGLISH. THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANK FORMS FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.