

NEVER FOR BINDING. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

1. A. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of York
Township of Buch Spring
OR
Inc. Town of Arco
OF
City of Arco (No. 4008 Registered No. 390)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Thurston J. Ammons { If child is not yet named, make supplemental report as directed

File No.—for State Registrar Only
42980

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10. 19. 28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>M W Ammons</u>			(14) NAME BEFORE MARRIAGE <u>Annie Davis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Arco</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Arco</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>W.C.</u>			(18) BIRTHPLACE <u>W.C.</u>	
(13) OCCUPATION <u>mill w k</u>			(19) OCCUPATION <u>house w k</u>	
(20) Number of children born to mother, including present birth <u>4</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 born at Arco on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. B. Ammons
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Arco

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1-1-24 (28) Mrs. E. J. Parson 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.