

(1) PLACE OF BIRTH

County of LanternTownship of Waterlooor
Inc. Town of Waukegan, R#1City of Waukegan, R#1

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edgar Harold Poque (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Dec 25 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edgar Poque

(9) PRESENT POSTOFFICE OF FATHER Waukegan, R#1

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE Lantern Co

(13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine McPherson

(15) PRESENT POSTOFFICE OF MOTHER Waukegan, R#1

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Lantern Co

(19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. W. H. Johnson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Waukegan, Ill.

Given name added from a supplemental report

(26) Witness J. B. White
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 30 1922 (28) J. B. White
Registrar 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43333

Registration District No. 2207 Registered No. 89
(For use of Local Registrar)

St.; Ward)

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