

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

Registration District No. 2213

Registered No. 97  
(For use of Local Registrar)

File No.—For State Registrar Only

43085

## (2) Full Name of Child

3) BOY OR GIRL? Girl

(4) Twin or Triplet? -

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 8 1911  
(Name of Month) (Day) (Year)

If child is not yet named, make supplemental report as directed

5) FULL NAME

Honey Earl Tate

6) PRESENT POSTOFFICE OF FATHER

Taylor Rd

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 14  
(Years)

12) BIRTHPLACE

oneal

13) OCCUPATION

farmer

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

one

(14) NAME BEFORE MARRIAGE

Lora Sammons

(15) PRESENT POSTOFFICE OF MOTHER

Taylor Rd

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 14  
(Years)

(18) BIRTHPLACE

Landy Flat

(19) OCCUPATION

domestic

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

W. P. Brockman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 4 1912

(28) 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.

Registrar 1

Local Registrar

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WRP N. B. McCaw, Jr. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw