

File No.—For State Registrar Only
39934

(No. St.; Ward)
(If no name of same instead of street and number.)

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 5 1973</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME	Charles McNeil	(14) NAME BEFORE MARRIAGE	William Lide
(2) PRESENT POSTOFFICE OF FATHER	Decatur, Ga. W.I.	(15) PRESENT POSTOFFICE OF MOTHER	Decatur, Ga. R.I.
(10) COLOR OR RACE	Caucasian	(16) COLOR OR RACE	Caucasian
(11) AGE AT LAST BIRTHDAY	31 (Years)	(17) AGE AT LAST BIRTHDAY	31 (Years)
(12) BIRTHPLACE	Ill.	(18) BIRTHPLACE	Ill.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

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

(22) (Signature) (24) State whether Physician or Midwife	(23) Address of Physician or Midwife
<i>[Signature]</i> Nurse	<i>Allen Rd</i>

(Given name added from a supplemental report)

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

(27) Filed Apr 14 1924 (28) 132 Mary
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.