

(1) PLACE OF BIRTH

County of Deaneport

Township of ... *H. H. H. H.*

Inc. ^{or} Town of

or
City of

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

(2) Full Name of Child. Sahwal Hussain Y. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *boy*

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June, 29 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Orin ...*

(9) PRESENT POSTOFFICE OF FATHER *Freeman St.*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE _____

(13) OCCUPATION	
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(2c) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE *William L. King*

(15) PRESENT POSTOFFICE OF MOTHER *Thomson, Ill*

(16) COLOR OR RACE 1040 (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male, at 34 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

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

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 1/10 1910: (28) John J. Harker
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.