

Form No 1.

(1) PLACE OF BIRTH  
 County of Franklin  
 Township of Franklin  
 Inc. Town of Franklin  
 or Franklin  
 City of Franklin  
 (If birth occurs in a hospital or other institution, give name of same instead of place of birth.)

(2) Full Name of Child Robert Lee

(3) BOY OR GIRL? B (4) White (5) 3 (6) Franklin

FATHER.

(8) FULL NAME Wm. O. Wright  
 (9) PRESENT POSTOFFICE OF FATHER Franklin, Mo.  
 (10) COLOR OR RACE W. (11) AGE 33 BIRTHDAY 23 (Year) 1900  
 (12) BIRTHPLACE Union Co. Mo.  
 (13) OCCUPATION Booker  
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Miller  
 (15) PRESENT POSTOFFICE OF MOTHER Franklin, Mo.  
 (16) COLOR OR RACE W. (17) AGE 30 BIRTHDAY 20 (Year) 1900  
 (18) BIRTHPLACE Union Co. Mo.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 3

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

David L. Miller  
 (Signature of Physician or Midwife)

Group name and address of hospital or institution, if applicable.

(23) Witness John Miller  
 (Signature of Witness)

7/9/06  
 (Date)

MARGIN RESERVED FOR INDEXING.  
 WHEN INDEXED, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN THE CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.