

(1) PLACE OF BIRTH

County of LancasterTownship of Miller Creekor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Y</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>Y</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Nov 13 18 22</u> (Name of Month) (Day) (Year)
-----------------------------	--	---------------------------------------	-----------------------------------	---

FATHER.

(8) FULL NAME John Lee Harris

(9) PRESENT POSTOFFICE OF FATHER Lancaster Rm 3

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Lancaster Or as

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Bailey

(15) PRESENT POSTOFFICE OF MOTHER Lancaster Rm 3

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE Lancaster Or as

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Thompson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lancaster Rm 3Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 12-14 19 22 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.*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.