

WITH PLAINLY, WITH UNBROKEN LINE—THIS IS A FUNDAMENTAL PRINCIPLE. IN SUCH CASES OF TUBES OR TUBULARS AND A SEPARATELY SELECTED FOR EACH CHILD, AND HAVE THE FIRST-SONN, No. 1, THE OTHER, No. 2, etc. In auction 5.

(1) PLACE OF BIRTH

County of U. S. District

Township of Cass...

INC. TOWN OF.....

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: Samuel E. Cole

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

(3) BOY OR

(4) Twin

(5) Number in _____

To be answered only in case of Twin or Triplet

(8) Are Parents

(7) DATE OF

BIRTH: Jan 29, 1922

FATHER

(8) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

112 BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(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 Alive at 8 P M.
on the date above stated. (Born alive or stillborn) (Hour, day and p.m.)

(23) (Signature)

(21) State whether Physician or Midwife

(iii) Address of Physical

Given name added from a supplemental report

(20) **Witness**

(Signature of Witness necessary only
when question 33 is signed by mark)

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4 1971 (28) The Mrs. [illegible]

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.