
46795

(For use of Local Registrar)

(No. St. Ward)

(other institution, give name of same instead of street and number.)

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

(5) Number in order of birth	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>Jan 11, 1946</i> (Name of Month) (Day) (Year)
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MOTHER.

He (14) NAME BEFORE MARRIAGE Nora Burch

(15) PRESENT POSTOFFICE OF MOTHER *Centenary St*

LAST 25 (Years) (ix) COLOR OR RACE Black (x) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE
G. A. P. Marion Co, S.S.

(19) OCCUPATION
Toru. T. Jones

3 (21) Number of children of this mother now living, including present birth 3

NAME OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(98) (Signature) H. J. Lander

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

Mr. wife	Cincinnati O.
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Given name added from a supplement			
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(26) Witness
(Signature of Witness necessary only)

....., 181....

18-10-1964 JF Alforn

..... Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. I

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

[illegible]
