

(1) PLACE OF BIRTH
County of Marlboro
Township of Zebron
or
Inc. Town of.....
or
City of

Registration District No. 3314 Registered No. 134
(For use of Local Registrar)

(No. St. Ward)
 (Institution, give name of same instead of street and number.)

(2) Full Name of Child James Blue

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

(3) BOY OR GIRL?

(4) **Twins or Triplet?**

(5) Number in order of birth

(B) Are Parents Married? *Yes*

(7) DATE OF BIRTH Nov 6 1922
(Name of Month) (Day) (Year)

FATHER

(8) **FULL NAME**

FATHER.
John T. Blue

PRESENT
POSTOFFICE
OF FATHER

455 k

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY.....27.....
(Year)

12 BIRTHPLACE

45

(13) OCCUPATION

Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE

MOTHER.
Carrie McCall

(15) PRESENT
POSTOFFICE
OF MOTHER

Chose

(16) COLOR OR RACE

Carl

(17) AGE AT LAST BIRTHDAY.....18
(Years)

(18) BIRTHPLACE

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(19) OCCUPATION

Labovitz

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... John (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. July 11 1941 Trinidad

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 22 1941 (28) U. S. District Court 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.