

(1) Place of Birth
County of Letcher
Township of Letcher

State of West Virginia
State Board of Health

665

Inc. Town of.....
City of.....

Registration District No. 1-1-1 Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ben. Humphries If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age at birth <u>4 yrs</u>	(7) DATE OF BIRTH <u>Jan 10 1903</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Guy Humphries</u>			(9) NAME BEFORE MARRIAGE <u>Wesley Martin</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Gaffney, W. Va.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Gaffney, W. Va.</u>	
(12) COLOR OF HAIR <u>white</u>			(13) COLOR OF HAIR <u>white</u>	
(14) AGE AT LAST BIRTHDAY <u>41</u> (Years)			(15) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(16) BIRTHPLACE <u>Cherokee Co., W. Va.</u>			(17) BIRTHPLACE <u>Cherokee Co., W. Va.</u>	
(18) OCCUPATION <u>Textile Oper</u>			(19) OCCUPATION <u>H. wife</u>	
(20) Number of children born to mother, including present child <u>3</u>			(21) Number of children of this mother now living, including present child <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. W. Carr (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Jan 10 1903 (27) Registrar H. P. Hutchins

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.