

County of Cagaw
Township of Proctor
or
Inc. Town of
or
City of

File No.—For State Registrar Only
24098

Registration District No. 405 Registered No.
(For use of Local Registrar)

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

(A) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 10 2 51</u> (Name of Month) (Day) (Year)
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FATHER.
Full Name: *Wm. J. Hall*

PRESENT
PL. OFFICE
OF PA. MEN

(10) COLOR OR RACE *Yemen* (11) AGE AT LAST BIRTHDAY *23* (Years)

10 BIRTHPLACE *Chicago*

13 OCCUPATION Farmer

(2b) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Mattie Wilson

(18) PRESENT POSTOFFICE OF MOTHER Ashtore S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

(10) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was, 1200 W. Main at 10 M. on 2 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplement-
al report

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

Filed 4-19-23 19 (25) Wm. D. [unclear]
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.