

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Union
Township of
OR
Inc. Town of Registration District No. 42-A Registered No. 140
OR
City of Union (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
79543

(2) Full Name of Child Boy Knox { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin, or Triplet? <u>none</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER. (8) FULL NAME <u>Herbert Knox</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Hassie Knox</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union Sta</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union Sta</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Union Sta</u>		(18) BIRTHPLACE <u>Union Sta</u>		
(13) OCCUPATION <u>mill operating</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth { <u>1</u>		(21) Number of children of this mother now living, including present birth { <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1230 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report, 191..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u> (27) Filed <u>Sept 14, 1916</u> (28) <u>[Signature]</u> Local Registrar
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*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.
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