

(1) PLACE OF BIRTH

County of Grunnith

Township of

or

Inc. Town of

or

City of Grunnith

(If birth occurs in a hospital

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

(2) Full Name of Child Little Lila

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 4th(6) Are Parents Married? Yes(7) DATE OF BIRTH 2 4 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jesse Briggs(9) PRESENT POSTOFFICE OF FATHER Grunnith SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE W.C.(13) OCCUPATION Travelling Salesman(14) Number of children born to mother, including present birth 4

MOTHER

(15) NAME BEFORE MARRIAGE Crane(16) PRESENT POSTOFFICE OF MOTHER Grunnith SC(17) COLOR OR RACE W(18) AGE AT LAST BIRTHDAY 28

(Years)

(19) BIRTHPLACE SC(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Grunnith SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 12 1922

(28)

Local Registrar J. H. Smith

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.