

(1) PLACE OF BIRTH

County of Berkhead

Township of

Inc. Town of

City of Birmingham

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

(2) Full Name of Child Ammanuel Howard(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl Hoff(9) PRESENT POSTOFFICE OF FATHER Birmingham(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE Pearl Howard(15) PRESENT POSTOFFICE OF MOTHER Birmingham(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION School Teacher

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. (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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/19/1916

(28)

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.

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