

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—WHEN IN A PERMANENT RECORD.
W. 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 5.

County of Berkley
Township of 2 Stephens
or
Inc. Town of
or
City of

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept. 15, 27</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME *Criss Brown*

(9) PRESENT POSTOFFICE OF FATHER *Alvina D.C*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *34*
(Years)

(12) BIRTHPLACE *Berkley*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Williams

(15) PRESENT POSTOFFICE OF MOTHER Alvin S C

(16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE Berkley C O

(19) OCCUPATION House work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) <u>Reser Smith</u>	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife <u>mid wife</u>	<u>Alvin S C</u>

Given name added from a supplement-
tal report

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

(27) Filed Dec 25 1922 (28) J. J. Querry
Local Registrar.

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.