

(1) PLACE OF BIRTH

County of AndersonTownship of Centerville

Inc. Town of

City of Anderson

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

(2) Full Name of Child John Jr. Childs

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

3. BOY OR GIRL

4. Twin or triplet

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are twins married

7. DATE OF BIRTH

(Month of Month) (Day) (Year)

FATHER

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY

MOTHER

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

14. BIRTHPLACE

16. OCCUPATION

(17) 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 at M., on the date above stated. (Hour of Day) (P. M.)

(23) (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 July 20 1923

F. B. CRAYTON

(28) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make report. 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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K O D A K S A F E