

Form No. 1

## (1) PLACE OF BIRTH

County of BlyTownship of St. Helenaor  
Inc. Town of .....

City of .....

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

(2) Full Name of Child Stella DavisFile No. — For State Registrar Only  
**41046**Registration District No. 604 Registered No. 128  
(For use of Local Registrar)

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twin or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec 11</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Arthur Davis(9) PRESENT POSTOFFICE OF FATHER Frogmore(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Masline Smith(15) PRESENT POSTOFFICE OF MOTHER Frogmore(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 1:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kenneth Jackson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mary Davis  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/15 1922 (28) Thomas 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.

THIS IS A PERMANENT RECORD.  
TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. NO. 1. THE OTHER, NO. 2, etc., in question 5.