

File No.—For State Registrar Only
39438

County of Monmouth
Township of Red Hill
or
Inc. Town of
or
City of

Registration District No. 3307 Registered No. 41
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child B. H. Hayes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
MALE	NO	1	YES	2/21/31
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Durham Hayes	(14) NAME BEFORE MARRIAGE	Martha Brown
(9) PRESENT POSTOFFICE OF FATHER	Blunkett St	(15) PRESENT POSTOFFICE OF MOTHER	Blunkett St
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY	20 (Years)	(17) AGE AT LAST BIRTHDAY	19 (Years)
(12) BIRTHPLACE	Marble	(18) BIRTHPLACE	Marble
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Joseph A. [illegible]
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife 311 E. [illegible]

Given name added from a supplement-
tal report

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

(27) Filed Nov 14 1922 (28) H. H. Green 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.