

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

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 Mystie E. Rogers If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 20, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>Newton Rogers</u>	14) NAME BEFORE MARRIAGE <u>Viola Rogers</u>	9) PRESENT POSTOFFICE OF FATHER <u>Marshall</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Marshall</u>
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	16) COLOR OR RACE <u>W</u>	17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
12) BIRTHPLACE <u>in Iowa</u>		18) BIRTHPLACE <u>underson</u>	
13) OCCUPATION <u>butcher</u>		19) OCCUPATION <u>housewife</u>	
20) Number of children born to mother, including present birth <u>4</u>		21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 5-30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. B. Marshall(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marshall

Given name added from a supplemental report

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

(27) Filed Mar 8, 1922 (28) John B. Marshall 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE POSITION, No. 1, THE OTHER, No. 2, etc., in question 5.