

N. 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.

## (1) PLACE OF BIRTH

County of Cherokee  
Township of Lincoln  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Fort Payne, Ala.

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

(2) Full Name of Child Theresa Louise Noel

File No.—For State Registrar Only

3540

Registration District No. 109 Registered No. 29  
(For use of Local Registrar)

(No. 1003 Choate Ave. St.; 1 Ward)  
(Institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>1</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>4</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 26, 1932</i> (Name of Month) (Day) (Year)
--------------------------------	---	--	--	---

## FATHER

(1) FULL NAME *John D. Tate*

(2) PRESENT POSTOFFICE OF FATHER *Jeffrey R.*

(3) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *43* (Years)

(4) BIRTHPLACE *Cherokee County Ga*

(5) OCCUPATION *Business Agent*

(6) Number of children born to mother, including present birth *4*

**MOTHER.**

(14) NAME BEFORE MARRIAGE Elva Sigman

(15) PRESENT POSTOFFICE OF MOTHER Epsey La

(15) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)

(18) BIRTHPLACE Hartland County La

(19) OCCUPATION Domestic

(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... Olivia ... at 2:45 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. T. Olin, M.D.  
(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 *May 10 1922* (23) *Mr. F. Smith*

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.

When there was no attending physician or midwife, then the father, householder, clerk, sexton, or other person, 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.