

## (1) PLACE OF BIRTH

County of LivingstonTownship of Corydon

OF

Inc. Town of Newbrookland

OR

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 Ester Holmes Wise(3) BOY OR GIRL Girl(4) Twin or Triplet? 1

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 12, 1922  
(Name of Month) (Day) (Year)

File No.—For State Registrar Only

8335

Registered No. 2105  
(For use of Local Registrar)

St. .... Ward

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

## FATHER.

(8) FULL NAME Maxey Wise(9) PRESENT POSTOFFICE OF FATHER Newbrookland(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Livingston Co.(13) OCCUPATION meat cutter(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ester Shumpert(15) PRESENT POSTOFFICE OF MOTHER Newbrookland(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Livingston Co.(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rosa Kelley(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Newbrookland

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed) J. C. G. Brown(27) Filed 2/20 1922(28) Local Registrar J. C. G. Brown

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 or submitted before the fifth month of pregnancy.