

(1) PLACE OF BIRTH

County of TrablowTownship of Low

or

Inc. Town of Low

or

City of Low

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

(2) Full Name of Child John Douglas Saxon Jr. (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

January 13, 1922

FATHER.

(8) FULL NAME

John Douglas Saxon Jr.

(9) PRESENT POSTOFFICE OF FATHER

Cockeysville, D.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

S.C. (Waters)

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Ellison King

(15) PRESENT POSTOFFICE OF MOTHER

Cockeysville, D.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Cockeysville, D.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

Four (4)

(21) Number of children of this mother now living, including present birth

Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Low on the date above stated. (Hour 11:25 A.M. or P.M.)

(23) (Signature)

(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 Jan 13, 1922

(28) 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 or stillbirth before the fifth month of pregnancy.