

(1) PLACE OF BIRTH

County of Essex
Township of Essex
or
Inc. Town of _____
or
City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street) No. 1414 St. 14th Ward 14th

(2) Full Name of Child

Douglass McKey Shump

Registered No. 1197
(For use of Local Registrar)

(3) **BOY ON**
ROCK

(4) **Turn**

(5) Number in

(S)

(7) DATE OF

BIRTH Jan 25 1922
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

(1) B95

PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR

hcl

(11) AGE AT LAST BIRTHDAY:

(12) RACE
BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR ON

(18) BIRTHPLACE

(10) OCCUPATION

(21) Number of children of this mother now living. Indication present if:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alison at on the date above stated.

(23) (Signature)

(24) State whether Phytolacca or Mida-

alive or stillborn) (Hour A M or P M)

Given name added from a supplement-

GI

(Signature of Witness necessary only when question 3 is answered "no")

(25) Address of Physician or Midwife
2103 2nd Ave. S.

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 physician.

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