

Form No 1.

(1) PLACE OF BIRTH

County of Rowan

Township of Lynch

or  
Inc. Town of  
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

(3) BOY OR GIRL? Girl (4) Twin or triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 7 1915 (8) If child is not yet named, make supplemental report as directed

FATHER.  
(9) FULL NAME James Henry Matthews  
(10) PRESENT POSTOFFICE OF FATHER Cowards, Ar.  
(11) COLOR OF RACE White (12) AGE AT LAST BIRTHDAY 30 (Years)  
(13) BIRTHPLACE Cowards, Ar.  
(14) OCCUPATION Farmer  
(15) Number of children born to mother, including present birth 4

MOTHER.  
(16) NAME BEFORE MARRIAGE Etta Matthews  
(17) PRESENT POSTOFFICE OF MOTHER Cowards, Ar.  
(18) COLOR OF RACE White (19) AGE AT LAST BIRTHDAY 25 (Years)  
(20) BIRTHPLACE Cowards, Ar.  
(21) OCCUPATION Housewife  
(22) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born 3 A. M. on the date above stated. (Born alive or stillborn) (M. or F. M.)

(24) (Signature) Had line x Matthews (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Cowards, Ar.

Given name added from a supplemental report

(27) Witness J. P. Matthews (Signature of Witness necessary only when question 25 is signed by parent)

(28) Filed Dec 10 1915 (29) E. L. Montgomery 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.

File No. — For State Registrar Only  
**42840**

Registration District No. 2010 Registered No. 82

(For use of Local Registrar)

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DEPT. OF COLUMBIA  
FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2.