

(1) PLACE OF BIRTH

County of AndersonTownship of "

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

John William

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

(3) BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George W. Williams

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

(Years)

37

(12) BIRTHPLACE

Ind.

(13) OCCUPATION

Farmer

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

1 3

MOTHER.

(14) NAME BEFORE MARRIAGE

John Williams

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

(Years)

58

(18) BIRTHPLACE

Ind.

(19) OCCUPATION

Farmer

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

1 The

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Anderson on the date above stated. (Born alive or stillborn) (Hour 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 when question 23 is signed by mother)

(27) Filed

19

(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 of stillbirths before the fifth month of pregnancy.

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