

(1) PLACE OF BIRTH

County of Lowndes

Township of

or

Inc. Town of

or

City of

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Bight Colclahan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH 6 16 22
To be answered only in event of Twin or Triplets Name of (Month) (Day) (Year)

FATHER.

(8) FULL NAME E. L. Colclahan(9) PRESENT POSTOFFICE OF FATHER Lowndes 72(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE 2(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carl M. M. M.(15) PRESENT POSTOFFICE OF MOTHER Lowndes 72(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE 15(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) Hour "A. M. or P. M.")

(23) (Signature) W. L. M. (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 1 (28) J. P. Mester 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.

RECEIVED FOR RECORDING

WHITE PLAINS. WITH IN ADDING IN. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE. HE AND FOR EACH CHILD and mark the CHILD WITH NO 1 THE OTHER NO 2 OR 3 IN QUESTION 6

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