

**State Board of Health:**

City of .....

Registered No. 166

(For use of Local Registrar)

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

(2) Full Name of Child Willard Fitzgerald If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>My</i>	(4) Twin or Triplet?  To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>2004</i> (Name of Month) (Day) (Year) ..... 2004
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**FATHER**

**MOTHER**

8) FULL NAME Ellee Fitch, Jr.

(14) NAME BEFORE MARRIAGE *Minnie Storn*

9) PRESENT POSTOFFICE OF FATHER *Mr Emile S*

(15) PRESENT POSTOFFICE OF MOTHER: Wichita Se

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *30* (Years)

(16) COLOR OR RACE: *White* (17) AGE AT LAST BIRTHDAY: *18* (Years)

32 BIRTHPLACE: Ga

(18) BIRTHPLACE: Ida

(13) OCCUPATION: *Farmer*

(18) OCCUPATION: *Home Keeper*

20) Number of children born to mother, including present birth { 3

(21) 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 Allen at 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mandy Cohen

(24) State whether physicians or otherwise Midwives Registered

Given name added from a supplemental report

(25) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed 12/5 1922 (28) W. J. Hall  
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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.