

Form No. 1

(1) PLACE OF BIRTH

County of FlambergTownship of FlambergInc. Town of FlambergCity of Flamberg

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

(2) Full Name of Child Not named

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

(3) SEX Boy (4) Type Single (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH July 5 23
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME W. J. Harris (9) PRESENT POSTOFFICE OF FATHER Flamberg S.C. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (12) BIRTHPLACE S.C. (13) OCCUPATION Farmer

MOTHER: (14) NAME BEFORE MARRIAGE Liza O. Crooks (15) PRESENT POSTOFFICE OF MOTHER Flamberg S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (18) BIRTHPLACE S.C. (19) OCCUPATION

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Flamberg M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. O. Rose(24) State whether Physician or Midwife (25) Address of Physician or Midwife Flamberg S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) Local Registrar D. O. Rose

*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.