

FORM NO. 3.

## (1) PLACE OF BIRTH

County of Wm. BurgTownship of Johnsonor  
Inc. Town ofor  
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 Meador Scott { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 5 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Laten Scott (14) NAME BEFORE MARRIAGE Mary Burrows(9) PRESENT POSTOFFICE OF FATHER Hemingway (15) PRESENT POSTOFFICE OF MOTHER Hemingway(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 4 (Years) (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 4 (Years)

(12) BIRTHPLACE (18) BIRTHPLACE

(13) OCCUPATION Farmer (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Rebecca Coopers (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hemingway(26) Witness Rebecca Coopers (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 10 1914 (28) R. H. Orr 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.

MARGIN RESERVED FOR FINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGaw of Columbia.

H. H. Moseley