

(1) PLACE OF BIRTH

County of ChesterfieldTownship of Cole Hillor
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 Willie Geneva Johnson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 24 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Johnson(9) PRESENT POSTOFFICE OF FATHER Patrick Sls R 2(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Sls(13) OCCUPATION farming(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Johnson(15) PRESENT POSTOFFICE OF MOTHER Patrick Sls R 2(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Sls(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 4:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kate Brown(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Patrick Sls R 2

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 10 1923 (28) J. A. Davis
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.

Latter name added from a supplemental report

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REGISTRARFiled June 30 1923 M. S. Watson
REGISTRAR

File No.—For State Registrar Only

18167