

Form No. 1.

(1) PLACE OF BIRTH

County of *Franklin*Township of *Franklin*or
Inc. Town of

or

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 *James Anderson*

If child is not yet named, number supplemental record as follows:

(3) BOY OR GIRL? *Boy*

(4) Sex of Child

(5) Number of children of father

(6) Are parents married? *Yes*(7) DATE OF BIRTH *April 13, 1906*(8) FULL NAME *James Anderson*(9) NAME BEFORE MARRIAGE *Ora Smith*(9) PRESENT POSTOFFICE OF FATHER *Lowards St*(10) PRESENT POSTOFFICE OF MOTHER *Lowards St*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *37*(12) COLOR OR RACE *White*(13) AGE AT LAST BIRTHDAY *36*(12) BIRTHPLACE *Sc*(14) BIRTHPLACE *Lowards St*(13) OCCUPATION *P. D. Carrier*(15) OCCUPATION *Housewife*(14) Number of children born to mother, including present birth *1*(16) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) *L. M. Thacker*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician, Scranton, Pa.*

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 22 is signed by mother)

(27) Filed *Apr 20 - 6* (28) *E. L. Montgomerie*

When there was no attending physician or midwife, then the father, householder, etc., should make and signing a child breathes even once, it must not be reported as stillborn. No report is desired at stillbirth before the first month of pregnancy.

MARGIN RESERVE AND YOUR INDICES.
WRITE 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 8.
City of Columbia