

WRITE PRINTED, 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.

(1) PLACE OF BIRTH

County of Harley  
 Township of Little River  
 OR  
 Inc. Town of .....  
 OR  
 City of ..... (No. .... St.; .... Ward;)

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

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? — 5) Number in order of birth — 6) Are Parents Married? Yes 7) DATE OF BIRTH July 14 1922  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

8) FULL NAME Harry Brown Stephens 14) NAME BEFORE MARRIAGE Ruth Estelle Stephens  
 9) PRESENT POSTOFFICE OF FATHER Memphis A.C. 15) PRESENT POSTOFFICE OF MOTHER Memphis A.C.  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 26 (Year) 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 24 (Year)  
 12) BIRTHPLACE Harley Co. A.C. 18) BIRTHPLACE Harley Co. A.C.  
 13) OCCUPATION Farmer 19) OCCUPATION Housewife  
 20) Number of children born to mother, including present birth Three 21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John C. Cooper (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little River A.C.

Given name added from a supplemental report ..... (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 ..... 19 ..... Registrar (27) Filed Aug 7 1922 (28) L. B. McCarley 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.