

MARGIN RESERVED FOR BINDING,
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

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(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

Registration District No. 107 Registered No. 5
(For use of Local Registrar)

Registered No. 4
(For use of Local Registrar)

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

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH: *June 25-92*
(Name of Month) (Day) (Year)

FATHER

(9) PRESENT POSTOFFICE OF FATHER *Leahon Falls, S.*

(10) COLOR OR RACE *410010* (11) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE *S. Phoenix Co*

(13) OCCUPATION *Harmon*

(20) Number of children born to mother, including present birth { 3

MOTHER

PRESENT POSTOFFICE OF MOTHER *Leahman, N.Y.*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE St. Louis, Mo.

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) (Signature) John Bryant
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	1234 Main St. N. W.

Given name added from a supplemental report

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*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.