

FORM NO. 2

(1) PLACE OF BIRTH

County of Jasper

Township of Jasper

Incl. Town of Jasper

City of Jasper

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

(2) Full Name of Child

Grace Engle Glee

File No.—for State Registrar Only

43331

Registered No. 95
(For use of Local Registrar)

St. Ward
If child is not yet named, make supplemental report as directed

(3) SEX OR Female

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 11 1905
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER

P. D. Glee

(9) PRESENT POSTOFFICE OF FATHER

Freeman, D.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE

Near Freeman

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE

Ada Woods

(15) PRESENT POSTOFFICE OF MOTHER

Freeman, D.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Freeman, D.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) P. D. Glee

(24) State whether Physician or Midwife

Physician

Given name added from a supplementary report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed

191

(27)

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.

REASON INDEPENDENT FOR BIRTHING. WHEN PLACED, WITH UNPAIDING IN.—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

State of Columbia