

County of Jefferson
Township of Jefferson
or
Inc. Town of Columbia
or
City of Jefferson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-1-1 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make
provisional report as directed

(1) SEX OF CHILD Male (2) AGE OF CHILD 3 (3) RACE White (4) COLOR White (5) BIRTHPLACE Parkers Co. Ark. (6) OCCUPATION Cotton mill work (7) Number of children born to mother, including present birth 3

(8) FULL NAME OF FATHER Mark B. Hunter
(9) FULL NAME OF MOTHER Haffney R. Lee
(10) COLOR OF FATHER White (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE OF FATHER Parkers Co. Ark.
(13) OCCUPATION OF FATHER Cotton mill work
(14) Number of children born to father, including present birth 3

(15) FULL NAME OF FATHER Mark B. Hunter
(16) FULL NAME OF MOTHER Haffney R. Lee
(17) COLOR OF FATHER White (18) AGE AT LAST BIRTHDAY 34
(19) BIRTHPLACE OF FATHER Parkers Co. Ark.
(20) OCCUPATION OF FATHER Cotton mill work
(21) Number of children born to father, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness [Signature] (27) Filed file 1 to 2 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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