

File No.—For State Registrar Only
18570

(1) PLACE OF BIRTH

County of Franklin

Township of Leaves.....

OF
INC. Town of.....

OF

City of
If birth occurs in a hospital or

Registration District No.

Registered No.
(For use of Local Registrar)

(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

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

7) BOY OR GIRL? *Girl* 4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(5) Are Parents Married? *Yes*

(7) DATE OF BIRTH. Jul 29, 1922
(Name of Month) (Day) (Year)

FATHER

10 FULL NAME Charlie Jenkins Jr.

PRESENT POSTOFFICE OF FATHER *Orrin SC*

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *19* (Years)

12. BIRTHPLACE

13) OCCUPATION

Number of children born to _____

23) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE *Kara Lee Gules*

(15) PRESENT POSTOFFICE OF MOTHER Orum se

(16) COLOR OR RACE *sw* (17) AGE AT LAST BIRTHDAY..... *16* (Year)

(18) BIRTHPLACE

(19) OCCUPATION

Manuscript

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(23) Signature _____

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed June 20 19 27 (28) 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.