

File No. — For State Registrar Only

36243

Registered No. 121
(For use of Local Registrar)

(No. St.; Ward
 of name instead of street and number.)

institution, give name of same instead of street and number.)

(2) Full Name of Child Jamie Bremer If child is not yet named, use supplemental report as directed

BIRTH Oct 22 22
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Bremer

(15) PRESENT POSTOFFICE *B.L.H.*

POSITION OF MOTHER Wife

COLOR A AGE AT LAST 75

(18) COLOR OR RACE *Col* BIRTHDAY *2-5* (Year)

(18) BIRTHPLACE *R. L. L. C.*

(19) OCCUPATION _____

Field work

(21) Number of children of this mother 1 /

ING PHYSICIAN OR MIDWIFE* 116

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

(13) Address of Physician or Midwife

100

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

(27) Filed *Oct 28 1922* (28) *wa* Local Registrar.

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.