

## (1) PLACE OF BIRTH

County of FlowerTownship of Laneor  
Inc. Town of.....or  
City of.....

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

(2) Full Name of Child Wilma Mae Humphries

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 1  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 23 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Theo. Humphries(9) PRESENT POSTOFFICE OF FATHER Leo D.C. R.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 -  
(Year)(12) BIRTHPLACE D.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Eliza V. McDaniel(15) PRESENT POSTOFFICE OF MOTHER Leo D.C. R.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
(Year)(18) BIRTHPLACE D.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:10 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. Cockfield(24) State whether Physician or Midwife (25) Address of Physician or Midwife John Smith

Given name added from a supplemental report

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

(27) 12/27 22 (28) R. L. Cockfield  
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.