

(1) PLACE OF BIRTH

County of Richland
 Township of Blytheville

or
 Inc. Town of

or
 City of

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

Registration District No. 3800

File No. — For State Registrar Only
2389

Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child Bethia Ford

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

(3) SEX OR
girl

(4) Twin
 or triplet?

(5) Number in
 order of birth

(6) Are
 Parents
 Married?

(7) DATE OF
 BIRTH Jan 30 1922

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
 NAME

(14) NAME BEFORE
 MARRIAGE

(9) PRESENT
 POSTOFFICE
 OF FATHER

(15) PRESENT
 POSTOFFICE
 OF MOTHER

(10) COLOR
 OR
 RACE

(11) AGE AT LAST
 BIRTHDAY (Years)

(16) COLOR
 OR
 RACE

(17) AGE AT LAST
 BIRTHDAY (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.
 on the date above stated. (Born alive or stillborn.) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) Filed Feb 1 1922 (28) W. M. Dean
 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.

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