

(1) PLACE OF BIRTH

County of RichlandTownship of Blytheor
Inc. Town ofor
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 Douglas Bears

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 3 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Bears(9) PRESENT POSTOFFICE OF FATHER Blythe 1710(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Richland(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marian Douglas(15) PRESENT POSTOFFICE OF MOTHER Blythe(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE William(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive 34 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mattie Stevens(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Richland

Given name added from a supplemental report

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

(26) Filed Feb 15 23 (27) W. A. McKen 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.