

County of Williamson
Township of Anderson
or
Inc. Town of
or
City of

File No.—For State Registrar Only
87754

Registration District No 43rd. Registered No. 65.....
(For use of Local Registrar)

City of _____ (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 Way Estelle Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH. <i>Nov 20 1966</i> (Name of Month) (Day) (Year)
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MOTHER.

(8) FULL NAME WW Johnson

(8) PRESENT POSTOFFICE OF FATHER *andrews & e*

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE *SL*

(13) OCCUPATION *Lawyer*

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

(14) NAME BEFORE MARRIAGE Miss Mushav

(15) PRESENT POSTOFFICE OF MOTHER andrews se

(18) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE SL

(10) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

CERTIFICATE OF ATTENDING PHYSICIAN ON CHILD

(22) I hereby certify that I attended the birth of this child, who was white at 2 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 2334 11th St S

Given name added from a supplemental report

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

(27) Filed 11 30 1916 (28) G. W. [Signature]
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.