

Form No. 1

(1) PLACE OF BIRTH

County of SetuyminTownship of 11or
Inc. Town of 11or
(City of 11)

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

(2) Full Name of Child Edward Kellers Mitchell ☒ child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 28 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edward Kellers Mitchell(9) PRESENT POSTOFFICE OF FATHER Setuymin D.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Setuymin(13) OCCUPATION laborer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Taylor(15) PRESENT POSTOFFICE OF MOTHER Setuymin D.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Setuymin(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 2 P. M., on the date above stated. (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 supplemental report)

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

(27) Filed 1/2/1923 (28) Paul Taylor 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.