

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

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 *Jacup Elias Coklin*File No.—For State Registrar Only
47098Registered No. *9*
(For use of Local Registrar)(3) BOY OR
GIRL? *Boy*(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married? *yes*(7) DATE *Jan 30 1916*
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY *35*
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY *31*
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 *4 P.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Catharine & Gess*

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

*mid wife**Vance S. S.*Given name added from a supplemen-
tal report

(26) Witness

Jacup & Coklin(Signature of Witness necessary only
when question 23 is signed by marks)

(27) FILED

Jan 31 1916

(28)

D. P. Dangler

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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia.