

31580

County of Augusta
Township of Eden
or
Inc. Town of

Registration District No. 3600

Registered No.
(For use of Local Registrar)

City of _____ (No. _____ St.; _____ Ward)
 _____ (If death occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Wesley Johnson

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

(1) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth
To be answered only in event of Twins or Triplets		

(8) Are Parents Married? *Yes*

(7) DATE OF BIRTH Sept 4 1972

FATHER

70 FULL NAME John Wesley Johnson

PRESENT POSTOFFICE OF FATHER Bowman, D.C.

(12) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *39* (Years)

12) BIRTHPLACE Dorchester, Co. D.C.

13. OCCUPATION *Laborer*

20. Number of children born to mother including present child

MOTHER.

(10) NAME BEFORE MARRIAGE Gennie Moser

(15) PRESENT POSTOFFICE OF MOTHER Bowman, D.C.

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *27* (Year)

(14) BIRTHPLACE Dorchester Co. Md.

(18) OCCUPATION Domestic

(21) Number of children of this mother
born before, 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 12:00 on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) John H. Hays
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Box 1000
Wichita, Kansas

Given name added from a supplement-
al report

(23) Witness *B. J. West*
(Signature of witness necessary only
when question 22 is signed by mark)

(27) Filed Sept. 6, 1924 (28) 1374 Local Registrar
 should make this return.

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Registrar

(27) Filed *Alper* *12-10-1911*

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.