

(1) PLACE OF BIRTH

County of *Livingston*

Township of

or Inc. Town of

or City of *Stockman St*

City of

CERTIFICATE OF BIRTH

STATE OF MONTANA

Bureau of Vital Statistics

State House of Health

Registration District No. *3100*

File No. For State Registrar Only

1191

Registered No.

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(2) Full Name of Child

1. SEX
MRL

(4) Date of Birth *Dec 1 1925*

(5) Number of Birth *1*

To be entered only in case of twins or triplets

W. H. H. H. H.

2. FULL NAME *Thomas Roderick*

3. PRESENT RESIDENCE OF FATHER *Stockman St*

4. COLOR *white* 11. AGE AT LAST BIRTHDAY *11*

5. BIRTHPLACE *Livingston*

6. OCCUPATION *Farmer*

7. NAME OF MOTHER *Theresa*

8. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT CHILD *Three*

9. NAME BEFORE MARRIAGE *Theresa Jeffers*

10. PRESENT RESIDENCE OF MOTHER *Stockman St*

11. COLOR *white* 12. AGE AT LAST BIRTHDAY *25*

13. BIRTHPLACE *Livingston*

14. OCCUPATION *Farmer*

15. NAME OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT CHILD *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born on *Dec 1 1925* (month-day-year)

(13) (Signature) *Theresa*

(14) (Address) *Livingston*

(15) Address of the child or child's

When I have completed this report

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Theresa Ballinger

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