

(1) PLACE OF BIRTH

County of LexingtonTownship of Holbrook Creekor
Inc. Town ofor
City of

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

Registration District No. 0128 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Julia Eleanor Shealy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Jan 11 1923
(Name of Month) (Day) (Year)(8) FULL NAME FATHER Louise L. Shealy(9) PRESENT POSTOFFICE OF FATHER Libert St. R. F. D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Chapin, I. P.(13) OCCUPATION School Teacher(14) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Miss Addy(15) PRESENT POSTOFFICE OF MOTHER Libert St. P. R. D.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Peak, O. P.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) J. H. Madsen(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington, I. P.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed May 10 1923 (28) J. H. Madsen 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.

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