

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY. WITH ENFOLDING ENCL—THIS IS A PERMANENT RECORD.
N. H.—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.

(1) PLACE OF BIRTH
County of Cherokee
Township of Cherokee
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 1200 Registered No. 12
(For use of Local Registrar)
(No. _____ St. _____ Ward _____)
(2) Full Name of Child Gustis Brown If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 2 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Hugh Brown</u>			(9) NAME BEFORE MARRIAGE <u>Mary Lee Patton</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>6440 Union St. N.Y.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>6440 Union St. N.Y.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) BIRTHPLACE <u>Ill.</u>
(17) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>1</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:30 a.m. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) D. B. Wood

(23) State whether Physician or Midwife _____ (24) Address of Physician or Midwife _____

Given name added from _____

(25) Witness _____
(Signature of Witness necessary only when question 23 is signed "stillborn")

(26) Filed _____ (27) _____
Registrar _____ 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.