

File No.—For State Registrar Only

32289

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

FATHER

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucile Jones*

(15) PRESENT POSTOFFICE OF MOTHER Parrot St.

(16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *35*

(18) BIRTHPLACE ALC

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth { 7

(22) I hereby certify that I attended the birth of this child, who was Alvin at 11 P. M.
on the date above stated. 11 (Born Alive or stillborn) (Hour A. M. or P. M.)

(23)	(Signature)	<i>Hampden V. Posey</i>
(24)	State whether Physician or Midwife	(25) Address of Physician or Midwife
	<i>Father of Child</i>	<i>Patient, etc.</i>

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only
when question 22 is signed by mark).

(27) Filed 9-6-22 (28) Ed. H. Brown
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.