

File No.—For State Registrar Only

~~10050~~

Registration District No 2.1-00

Registered No.
(For use of Local Registrar)

(No. St.: Ward)

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

(2) Full Name of Child John P. Moore If child is not yet named, make supplemental report as directed

(2) **BOY OR GIRL** *Boy* (4) **Title or Title** (5) **Number in order of birth** (6) **Are Parents Married?** *yes* (7) **DATE OF BIRTH** *Dec 7 1923*
(Name of Month) (Day) (Year)

FATHER.

Full Name Ernest Hine

PRESENT POSTOFFICE OF FATHER: *L. H. B. S. S.*

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25
(Years)

12. BIRTHPLACE _____

12 OCCUPATION Harry

Flaming

20 Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Elliott

(18) PRESENT POSTOFFICE OF MOTHER Gurley, A.C.

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *29*
(Years)

~~710 BIRTHPLACE~~ 21

(10) OCCUPATION: Student

Housekeeping

(71) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was, John at St. Louis
on the date above stated. born alive or stillborn (Hour A. M. of P. M.)

(23) Signature Heather Rose (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1144 1/2 E. 1st St. S. Minneapolis, MN 55404

Given name added from a supplement-
al report

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

(27) Filed Jan 9 1924 (28) J. A. Bell 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.