

STATE PLAINLY, WITH UNIFORMITY, THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as
 FIRST-BORN, No. 1. TWIN OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
 County of Jefferson
 Township of Union
 Precinct of Union
 City or Town Union
 State of Missouri
 Registration District No. 11
 Registered No. 11
 (For use of Local Registrar.)

(2) Full Name of Child Lillian Marie Baker
 (If child occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make appropriate report as directed.

(3) SEX girl (4) AGE 1 year (5) DATE OF BIRTH Jan 12 1913
 (6) COLOR colored (7) AGES AT LAST BIRTH 5
 (8) DATE OF LAST BIRTH Jan 12 1912

FATHER.
 (9) NAME James H. Baker
 (10) COLOR colored (11) AGES AT LAST BIRTH 5
 (12) DATE OF LAST BIRTH Jan 12 1912
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME Anna Baker
 (15) COLOR colored (16) AGES AT LAST BIRTH 5
 (17) DATE OF LAST BIRTH Jan 12 1912
 (18) OCCUPATION Farmer

(19) Number of children born to mother, including present birth 13
 (20) Number of children of the father and wife, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child, who was born at 8 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) Maria Baker
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Union

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 1/17/13 (27) Local Registrar J. H. Baker

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.