

## 1) PLACE OF BIRTH

County of *Frederick*Township of *1*

Inc. Town of

City of *Harrison*

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

2) Full Name of Child *Mary Elizabeth Thomas*

File No.—For State Registrar Only

20821

Registered No. *248*

(For use of Local Registrar)

St.; *2* Ward

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month), (Day), (Year)

FATHER.

MOTHER.

(8) FULL NAME

*W. R. Thomas*

(14) NAME BEFORE MARRIAGE

*Mrs. Paul Thompson*

(9) PRESENT POSTOFFICE OF FATHER

*Harrison Mo.*

(15) PRESENT POSTOFFICE OF MOTHER

*Harrison Mo.*

(10) COLOR OR HAIR

*White*(11) AGE AT LAST BIRTHDAY (Years) *26*

(16) COLOR OR RACE

*White*(17) AGE AT LAST BIRTHDAY (Years) *24*

(12) BIRTHPLACE

*Harrison Mo.*

(18) BIRTHPLACE

*Admont Mo.*

(13) OCCUPATION

*Farmer*

(19) OCCUPATION

*Domestic*

(20) Number of children born to mother, including present birth

*2*

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

*2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1 o'clock P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*2112*

Given name added from a supplemental report

(26) Witness

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

*F. B. CRAYTON,*(27) Filed *191*(28) *As State 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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