

(1) PLACE OF BIRTH

County of Laurin

Township of

or

Inc. Town of

or

City of Laurin

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

(2) Full Name of Child John Bolton JacobsFile No.—For State Registrar Only
19239Registration District No. 29 Registered No. 19
(For use of Local Registrar)1. BOY OR GIRL? Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

June 25, 1932
(Month) (Day) (Year)

FATHER.

8. FULL NAME

Oniel Jacobs

9. PRESENT POSTOFFICE OF FATHER

Laurin D.C.

10. COLOR

OR

RACE

BIRTHPLACE

White

(11) AGE AT LAST BIRTHDAY

31

12. OCCUPATION

D.C. Veterinarian

13. Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary B. Auerman

(15) PRESENT POSTOFFICE OF MOTHER

Laurin

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Pennsylvania

(19) OCCUPATION

House wife

(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 born alive at 3:04 PM. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Robert M. Jacobs(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Laurin D.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-2719

(28)

Chas. M. Jacobs
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.