

THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. This Office, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Cherokee
 Township of Denton
 or
 Inc. Town of
 City of (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 Nelen Green (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Floyd Green</u>	(14) NAME BEFORE MARRIAGE <u>Hannie Elizabeth O'Leary</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Poffey R. R. & D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Poffey R. R. & D.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Cherokee County R.</u>	(18) BIRTHPLACE <u>Cherokee County R.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Harrison, M. D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Poffey R. R.

Given name added from a supplemental report

(26) Witness J. W. McPherson
 Signature of Witness necessary only when question 22 is signed by mark

(27) File March 1, 1922 (28) M. B. Harris
 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.

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