

(1) PLACE OF BIRTH

County of Jefferson.....

Township of Chippewa.....

Inc. Town of.....

or
City of

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

(2) Full Name of Child

Ned Benedict *Bedenbaugh* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) **Are Parents Married?**

107) DATE OF

BIRTH... 1-20-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ernest W. Badenbreugh

(9) PRESENT
POSTOFFICE
OF FATHER.

Greiner Jd

(10) COLOR OR

OR, *the*

(11) AGE AT LAST BIRTHDAY.....41.....
(YR)

12) BIRTHPLACE

THPLACE
Zakaria, Co. VC.

(13) OCCUPATION

OCCUPATION
Farmer

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

1. *me*

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

1971

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature

(Born alive or stillborn) (Hour)

L.M. Mitchell

(25) Address of Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

m. S. Woodward, MD

(28) **Witness**

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

(27) Filed

Dec 31 1922 (23) R.B. Gwaltney
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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