

## 30178

Registration District No. 44-1-2 Registered No. 62  
(For use of Local Registrar)

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(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 Jan Scruggs..... If child is not yet named, make supplemental report as directed

(2) <b>BOY OR GIRL?</b> <i>boy</i>	(4) <b>Twin or Triplet?</b> To be answered only in event of Twin or Triplet	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b> <i>yes</i>	<b>BIRTH</b> <i>Feb 2 1973</i> (Month) (Day) (Year)
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**FATHER.**

**MOTHER.**

(b) FULL NAME James H. Briggs

(14) NAME BEFORE MARRIAGE *Missie Renter*

7) PRESENT POSTOFFICE OF FATHER Campbell, 30. Ave 1

(15) PRESENT POSTOFFICE OF MOTHER Cambells Road

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47 (Year)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (18) 1961

(12) BIRTHPLACE

(10) BIRTHPLACE

(13) OCCUPATION

(10) OCCUPATION

farmer

course wife

20) Number of children born to mother, including present birth 2

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(26) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

(Given name added from a supplemental report)

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

(27) Filed ..... 19 .. (28) ..... 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.