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Given name added from a supplemental report, 191	(22) I hereby certify that I attende on the date above stated on the date above stated When there was no attagding or midwife, then the father, ho etc., should make this return. I child is one both had beginned other evidence of life after birth.	II II	(12)	(10) COLOR (11) AGE AT LAST OR BIRTHDAY.	(8) FULL Howard	(3) BOY OR (4) Twin, triplet, or other?	City of Achieve of OFFILD II birth occurs in a hospita	OF BIRTH
	GERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* d the birth of this child, who was form alive or Stillborn, at 3. Q. M., (Born alive or Stillborn), (Bour A. M. or P. M.) physician uscholder, (23) (Signature). (Signature). (Base whether Physician or Midwife)	tucking guk (21) Number of children of this mother now living, including present birth.	(18) BIRTHPLACE Richmand)c	26 (18) COLOR (17) AGE AT LAST 21 RACE (18) RACE (17) AGE AT LAST 21 CYCATA) RACE (Years)	(14) FULL FLORENCE MOTHER - Crawy NAME NAME NAME NAME NAME NAME NAME NAME	(6) Legit- 4 (7) DATE OF BIRTH	rimary Registration Dist. No. Registered N 104 107 107 108 108 108 108 108 108	COMMONWEALTH OF VIRGINIA STATE BOARD OF HEALTH BUREAU OF WITAL STATISTICS 22791 Registration District No. File No. 1308
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