

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

(1) County HarrisonCity Marshall10322Reg. Dis. No. _____ Register No. 75

(No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Nell Rook Blakney { If child is not yet named, make supplemental report, as directed

(3) Sex of Child <u>Female</u>	(4) Twin, triplet, or other <input checked="" type="checkbox"/>	(5) Number in order of birth <input checked="" type="checkbox"/>	(12) Legitimate <u>yes</u> (Yes or no)	(13) Date of Birth <u>Feb. 15, 1921</u> (Month) (Day) (Year)
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FATHER		MOTHER	
(6) FULL NAME <u>Wm L. Blakney</u>	(14) FULL MAIDEN NAME <u>Nell Rook</u>	(7) RESIDENCE <u>Marshall, Texas</u>	(15) RESIDENCE <u>Marshall, Texas</u>
(8) COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
(9) BIRTHPLACE <u>Burnsville, Miss.</u>	(17) BIRTHPLACE <u>Jackson, Tenn.</u>	(10) OCCUPATION <u>Cashier, Telephone Co.</u>	(18) OCCUPATION <u>Housewife</u>
(11) Number of children born to this mother, including present birth <u>one</u>		Number of children of this mother now living <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(19) I hereby certify that I attended the birth of this child, who was born alive at 12⁰⁵ a. m.,
(Born alive or Stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ 191 _____

Registrar.

(Signature) J. D. Littlejohn
(Physician or Midwife)Address Marshall, TexasFiled Feb 1, 1921 C. E. Neatill
Registrar.

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

Write Plainly, With Unfading Ink—This is a Permanent Record

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. For still births, file both birth and death certificate.