JAN 13 1943
(Date Issued)

Mabel Felder
(Director of Vital Statistics)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

115048

CERTIFICATE OF BIRTH

RECEIVED
SEP 17 1923
BUREAU OF VITAL STATISTICS

Registration District No. 52

State File No. .....

Primary Registration District No. 2936

Local Registrar's No. .....

FULL NAME OF CHILD Cyril Max Kearl
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy			yes	7	20	1923

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chase Kearl	FULL MAIDEN NAME	Hazel Dowdle
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Lake Town Ut.	BIRTHPLACE	Ruce
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 a M. 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.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Geo. F. Ashley M.D.

(Physician or midwife)

Address Montpelier Ida

Filed 9-15- 1923 O. N. McKinney Registrar.