

REGISTRATION OF BIRTH AND COLOR-VIRGINIA

FULL NAME.....
[GIVEN NAME FIRST. GIVE FULL MAIDEN NAME IF MARRIED WOMAN OR WIDOW.]

PLACE OF BIRTH..... DATE..... SEX.....

NAME OF HUSBAND.....
[IF MARRIED WOMAN OR WIDOW]

FATHER
FULL NAME.....

BIRTH PLACE..... *COLOR.....

MOTHER
FULL MAIDEN NAME.....

BIRTH PLACE..... *COLOR.....

REMARKS:

*A white person is one with no trace whatever of blood of another race, except that one with one-sixteenth of the blood of American Indian, unmixed with other race, may be classed as white. The date of birth may be omitted if desired.

Form 59—3-17-24—65M.
(OVER)

I hereby affirm that I believe the statements as to color of parents on the other side of this card are correct and that I am signing this with the knowledge that the penalty for making a false statement as to color is one year in the penitentiary.

PERSON REGISTERING
SIGNATURE.....

ADDRESS.....

WITNESS TO SIGNATURE.....

ADDRESS OF WITNESS.....

*SIGNATURE OF PHYSICIAN.....

IF NOT SIGNED BY PERSON REGISTERED STATE KINSHIP OF SIGNER.....

PLACE OF FILING..... DATE OF FILING.....

If the person signing statement cannot write, he or she must make a mark between the given name and the last name, Thus: his [her] *If the doctor present at birth signs, it will be accepted as
John X Doe to age for labor, school, etc.
mark

(OVER)