

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 to age for labor, school, etc.
John X Doe
mark

(OVER)