

File No.—For State Registrar Only

6816

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

BIRTH 19.....
(Name of Month) (Day) (Year)

MOTHER.

(18) BIRTHPLACE

(10) **OCCUPATION**

(21) Number of children of this mother now living, including present birth

(28) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(25) Address of Physician or Midwife

(Signature of Witness necessary only
when question 22 is signed by mark)

(20) ~~Excluded~~.....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.