

**File No.—For State Registrar Only**

**12397**

**Registration District No.**

Registered No. 7  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

(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

(7) DATE OF BIRTH May 1, 1923  
(Name of Month) (Day) (Year)

# FATHER

# MOTHER

MS. Brown

(14) NAME BEFORE MARRIAGE

Pages 2/6.

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(11) AGE AT LAST BIRTHDAY.....73

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY.....3.....

(12) BIRTHPLACE

**116 NORTHPLACE**

(12) **OCCUPATION**

**(10) OCCUPATION**

20) Number of children born to mother, including present birth

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(28) (Signature)

(28) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(24) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed 12/11/19

(20) ..... **Local Registrar.**

19  
Registrierung

\*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.