

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in questions 1.

McLain or Columns. Columna B. C.

Form No. 1

(1) PLACE OF BIRTH

County of AlamedaTownship of Green River

Inc. Town of.....

City of _____

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

(2) Full Name of Child Shane D. Brown

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

(3) BOY ON
ONLY

(4) **Twin or Triplet**

(2) **Number in order of birth**

100 Are Parents

(7) DATE OF BIRTH

BIRTH 1-2-2
(Name of Month) (Day) (Year)

FATHER

100

(b) **PRESENT POSSESSION OF PATRONS**

(10) COLOR
ON
PAGE

(11) AGE AT LAST BIRTHDAY... 38

(b) (7)(C) - PRIVACY

118 000 215

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

MOTHER

(14) NAME, BEFORE
MARRIAGE

(10) **PRESENT POSTURE OF**

(10) COLOR
ON
PAGE

(17) AGE AT LAST BIRTHDAY..... 31

RESEARCH

486 486 486 486

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

158

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(20) I hereby certify that I attended the birth of this child, who was at 10 A. M.,
on the date above stated. (Born alive or stillborn) (Boys A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(26) Address of Physician or Midwife

(Given name added from a supplemental report)

(20) Witness

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

(27) Filed

2000.0...10.63

(29) *Chrysomelidae*

*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.