

**36933**

Registered No. ....  
(For use of Local Registrar)

City of ..... (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**

BIRTH 1922 10 22  
(Name of Month) (Day) (Year)

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

(28) ..... Local Registrar.

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.