FORM NO. 1.

(1) PLACE OF BIRTH.

County of Jasper

Township of Reed

Inc. Town of

or

CITY of

CERTIFICATE OF BIRTH

STATE OF SOUTH DAKOTA
Bureau of Vital Statistics
State House at Pierre

File No. 43444

If birth occurred in a hospital or other institution, give name instead of street and number.

2. Full Name of Child Kenneth Scott

3. Sex

4. This birth

5. Number in order of birth

6. Date of birth

7. Age of mother at last birthday

8. Color or race

9. Birthplace

10. Name of father

11. Birthplace

12. Age at last birthday

13. Color or race

14. Birthplace

15. Occupation

16. Name of mother before first marriage

17. Birthplace

18. Age at last birthday

19. Color or race

20. Birthplace

21. Occupation

22. Number of children born to this mother, including present birth

23. Number now living

24. Number dead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

25. I hereby certify that I attended the child who was born alive at the time stated above.

26. Signature

27. Address

28. Date signed

29. Name of informant

30. Address

31. Date received by registrar

32. Registrar's signature

33. Remarks

Registrar's District No.

Local Registrar's No.

Certificate of birth must be filed with the local registrar of the district in which birth occurred within 10 days after birth and before burial or removal from district. Prepare in duplicate, typewriting or ink. Do not use pencil. Make a perfect record the first time. Any physician or midwife in attendance upon a birth shall certify to the facts of birth and shall deliver the certificate to the parents or other informant. Any person having knowledge of a birth shall report the facts to the local registrar. Any person who refuses to furnish information required by law or who knowingly furnishes false information shall be guilty of a misdemeanor and punished by a fine not exceeding $100.