

(1) PLACE OF BIRTH

County of

Township of

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

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

(3) SEX
MALE

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

FATHER

MOTHER

3 FULL NAME

(14) NAME BEFORE MARRIAGE

4 PRESENT ADDRESS

(15) PRESENT POSTOFFICE OF MOTHER

5 AGE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

6 BIRTHPLACE

(18) BIRTHPLACE

7 OCCUPATION

(19) OCCUPATION

8 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 alive at 9 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from supplemental report

(26) Witness

(Signature) Edna C. Wright(27) Filed 1-22-1941 (28) Local Registrar

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

Supplemental report

(Date of)

Address Madison St MotherFiled SEP 19 1941

Registrar

Martin B. Woodward M.D.