

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

(6) Age Parents Married

(7) DATE OF BIRTH

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

FATHER

(9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(12) AGE AT LAST BIRTHDAY

(13) BIRTHPLACE

(14) OCCUPATION

(15) Number of children born to mother, including present birth

MOTHER

(16) NAME BEFORE MARRIAGE

(17) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

(19) AGE AT LAST BIRTHDAY

(20) BIRTHPLACE

(21) OCCUPATION

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

CERTIFICATE OF AFFIRMING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at (Place) on this date, shown stated.

(24) (Signature) (Name) of Physician or Midwife

(25) Witness (Name) of Physician or Midwife

(26) Witness (Name) of Physician or Midwife

(27) Witness (Name) of Physician or Midwife

MARGIN RESERVED FOR BINDING

THIS FORM IS TO BE FILLED OUT BY THE PHYSICIAN OR MIDWIFE ATTENDING THE BIRTH OF THE CHILD.

IN CASE OF TWIN OR TRIPLET BIRTHS, THIS FORM IS TO BE FILLED OUT FOR EACH CHILD.

IN CASE OF STILLBORN BIRTHS, THIS FORM IS TO BE FILLED OUT FOR THE STILLBORN CHILD.

IN CASE OF ABORTIONS, THIS FORM IS TO BE FILLED OUT FOR THE ABORTION.

IN CASE OF MISCARRIAGES, THIS FORM IS TO BE FILLED OUT FOR THE MISCARRIAGE.

IN CASE OF DEATHS, THIS FORM IS TO BE FILLED OUT FOR THE DEATH.

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