

(1) PLACE OF BIRTH

County of

Township of

Incl. 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

(3) SEX OR

CHILD

(4) Twin or Triplet?

(5) Number in order of birth

Take covered only in event of Twins or Triplets

(6) Are Parents Married

DATE OF

BIRTH

or Month (Day) (Year)

FATHER.

(7) FIRST NAME

(8) POST OFFICE

(9) COLOR OR RACE

(10) BIRTHPLACE

(11) OCCUPATION

(12) AGE AT LAST BIRTHDAY

(13) NAME BEFORE MARRIAGE

(14) PRESENT POSTOFFICE OF MOTHER

(15) COLOR OR RACE

(16) BIRTHPLACE

(17) OCCUPATION

(18) 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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) File

Mar. 1, 1923

(28)

Thos. M. M.

(29) 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.