

City of
(If birth occurs in a hospital or

State Board of Health

66294

(For use of Local Registrar)

S1: Ward)

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

(7) DATE OF BIRTH June, 4, 1966
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(20) Number of children born to _____ 3

(21) Number of children of this mother 3

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

Arch 9 16. (23) 1 H. S. Tallman

*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.

Fifth month of pregnancy.