

N. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**II (1) PLACE OF BIRTH**

County of Franklin.....

Township of .....

**01**

Inc. Town of.....

**ON**

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 Arthur Randolph Westlake, Jr.

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

3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(8) Are Parents Married

(7) DATE OF

BIRTH May 24 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) **FULL NAME**

9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.....  
(Year)

12) BIRTHPLACE

**(13) OCCUPATION**

20) Number of children born to mother, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature)

(23) (Signature) \_\_\_\_\_  
(24) State whether Physician or Midwife \_\_\_\_\_

(25) Address of Physician or Midwife

Given name added from a supplemental report

**(28) Witness**

(Signature of Witness necessary only  
when question 13 is signed by mark)

(27) K

(28) Local 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.

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.