

(2) Full Name of Child \_\_\_\_\_

## State Board of Health

32703

(Give name of same instead of street and number.)

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

To be known only in event of loss or injury

# PATIER

# MOTHER

(14) NAME BEFORE  
MARRIAGE

(13) PRESENT  
POSTOFFICE  
OF MOTHER

(11) AGE AT LAST BIRTHDAY 35

(15) COLOR  
OR  
RACE

(13) BIRTHPLACE

**(19) OCCUPATION**

...and the

100

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

on the date above stated

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

(20) Witness .....

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

(27) File # 10/11/22 (23) *Edmunds*

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.