

(1) PLACE OF BIRTH

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County of Barnwell
Township of Blackvilleor
Loc. Town of
orCity of _____ (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child James Arthur McDonald (If not yet named, make supplemental report as directed)(3) SEX OR
GAY OR
L? Boy(4) Twin
or Triplet?(5) Number in
order of birth

to be answered only in case of twins or triplets

(6) Age
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OF
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OF
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 alive at _____ M.
on the date above stated. (born alive or stillborn) (hour A. M. or P. M.)

(23) (Signature)

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

Given name added from a supplement-
tal report

Registrar

(26) Witness

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

(27) Local Registrar

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.