

**CERTIFICATE OF BIRTH**  
 NAME OF CHILD Paul H. H. H.  
 SEX M  
 DATE OF BIRTH 7/18/23  
 PLACE OF BIRTH St. Paul, Minn.  
 FULL NAME OF CHILD Paul H. H. H.

FILE NO. 22037

DATE OF BIRTH 7/18/23  
 TIME OF BIRTH 10:30 P  
 PLACE OF BIRTH St. Paul, Minn.  
 COLOR White  
 SEX M  
 AGE AT LAST 37  
 OCCUPATION Clark  
 NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BORN 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 I hereby certify that I attended the birth of this child on the date above stated.  
 (10) (Signature) John H. H. H.  
 (11) State where physician or midwife Minn.

(12) Name added from a supplemental report 204  
 (13) Witness (Signature of witness necessary only when question 12 is signed by mark) R. H. H. H.  
 (14) Date Aug 8, 1923

If there was no attending physician or midwife, then the father, householder, etc., should make a report if child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.  
 If there was no attending physician or midwife, then the father, householder, etc., should make a report if child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.