

WILLIAM C. COLUMBIA, COLUMBIA, B. C.

32477

State Board of Health

Registration District No. 41.87

Registered No. 84
(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital)

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

(7) DATE OF BIRTH SEP 29 1922
(Name of Month) (Day) (Year)

(14) NAME BEFORE MARRIAGE *Mrs. E. J. ...*

(15) PRESENT POSTOFFICE OF NOTICE *Shirley*

(15) COLOR OR Black (17) AGE AT LAST BIRTHDAY 31

RACE negro (Year) _____
(18) BIRTHPLACE _____

(19) OCCUPATION Smelter CO

Нормановский

(21) Number of children of this mother
now living, including present birth 1

PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Gloria at 9 P.M.
on the date above stated.

(23) (Signature) Theresa Wilson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

(20) Witness
(Signature of Witness necessary only
when question 23 is signed by state) .

***** 19 *****
Registrar

(27) Filed 10-6-19 (28) J. B. Allen

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.