

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

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

(3) BOY OR  
GIRL

Boy

(4) Twin  
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

FATHER

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

(17) BIRTHPLACE

(18) OCCUPATION

(19) 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  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

(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.