

State Board of Health

8286

City:

Registered No. 1234567
(For use of Local Registrar)

institution, give name of same instead of street and number.

St.; Ward,
(street and number.)

If child is not yet named, make

(7) DATE OF

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

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

(21) **Number of children of this mother**
 _____ **Male** _____ **including present birth**

(21) Number of children of this mother including present birth 6

(22) I hereby certify that I attended the birth of this child, who was... (Born alive or stillborn) alive (How A. M. or P. M.) at 12:30 P.M.
on the date above stated. m. a. Brown

(25) Address of Physician or Midwife

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

(27) Filed 11/22/19 2019 Local Registrar
householder, etc. should make this return.

*When there was no attending physician or midwife, then the father, householder, or other person present must not be reported as stillborn. No report is desired if a child breathes, even once, it must not be reported as stillborn before the fifth month of pregnancy.

[illegible]