

(1) PLACE OF BIRTH

County of

Township of

or
In. Town of

or
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 SEX OR
GIRL

4 Twin
or Triplet

(5) Number in
order of birth
To be covered only in event of Twin or Triplet

(6) Are
Parents
Married?

(7) DATE OF

BIRTH

FATHER.

8 FULL
NAME

9 PRESENT
POSTOFFICE
OF FATHER

10 COLOR
OR
RACE

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to
mother, including present birth

(11) AGE AT LAST
BIRTHDAY

(Year)

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

MOTHER.

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.

(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

(26) Witness

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

(27) Filed

Aug. 13, 1924

(28)

Local Registrar

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