

(1) PLACE OF BIRTH

County of Char.Township of "Inc. Town 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 Minifred Albertson

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

BIRTH (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POST OFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY (Years)

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

MOTHER.

14. NAME BEFORE MARRIAGE

15. PRESENT POST OFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY (Years)

18. BIRTHPLACE

19. OCCUPATION

21. 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 Born 4:35 at P. M., 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 supplemental report)

L. A. Rivier M.D.9/14/43

Registrar

(26) Witness

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

(27) Filed

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(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.