

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

Registration District No. 3617 Registered No. 100
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child C. C. Ballard Hunt ----- { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>5</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 18 1966</i> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

20) Number of children born to mother, including present birth { 5

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) (Signature)

Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) 19 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.