

File No.—For State Registrar Only

31480

State Board of Health

State Board of Health

Registration District No. 3829... Registered No. 527
(For use of Local Registrar)

Registered No.
(For use of Local Registrar)

Township of

OF *unshaded*

Inc. Town of *W. D. Phelps*
OF

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 Louise Garrett If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twin or Triplets		Yes	Sept. 13, 1922

FATHER

MOTHER

10. FULL NAME Edward Alexander Garroth (14) NAME BEFORE MARRIAGE Berti Brown

(15) PRESENT POSTOFFICE OF MOTHER walshalle

(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY... <i>29</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY... <i>29</i> (Years)
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100 BIRTHPLACE	100 BIRTHPLACE
Haverham Co. N.H.	Glennville Co. Vt.

12) OCCUPATION *Freight*

(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D.S. V. Sloan M.D.

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	110 N. 3rd St.

Given name added from a supplemental report

(20) **Witness**

(Signature of Witness necessary only
when question 22 is signed by mark)

.. 19 ..
Registrar

(27) File # 100-151212 (28) [Signature]

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.