

City of _____

State Board of Health

(No)

1302

50. Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

(7) DATE OF

BIRTH 02/27/19
(Name of Month) (Day) (Year)

FATHER.

MOTHER

(14) NAME BEFORE MARRIAGE

18 PRESENT
POSTOFFICE
OF MOTHER

C. bicolor

(11) AGE AT LAST BIRTHDAY

100 COLOR
ON
FACE

17 AGE AT LAST BIRTHDAY

12 BIRTHPLACE

10) **SWTHPLACE**

1. OCCUPATION

10 OCCUPATION

7 Number of officers have to
 transfer, including present force

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 alive or stillborn on the date above stated.

(203) (Signature)

(24) State whether Physician or Midwife / Address of Physician or Midwife

Given names added from a supplementary
in report

(Signature of Witness necessary only when question 28 is marked "b")

Local Registrar.

When there was no attending physician, the mother, householder, etc., should make this return for stillbirth. No report is desired of stillbirths of pregnancy.