

MCCAW OF COLUMBIA, COLUMBIA, B. C.

86672

(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 Oct. 31, 1916
(Name of Month) (Day) (Year)

MOTHER.

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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(27) Filed 11/19/66 (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.