

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## (2) Full Name of Child

(3) BOY OR GIRL

(4) Type of Infant

(5) Yes or No

(6) DATE OF BIRTH

(7) Ward

## FATHER.

(8) FULL NAME

(9) PRESENT RESIDENCE OF FATHER

(10) COLOR

(11) BUILD

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

## MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT RESIDENCE OF MOTHER

(17) COLOR

(18) BUILD

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) X . . . . . (23) State whether Physician or Midwife (24) Address of Phys. or Midwife

(Given name added from a supplemental report)

(25) Witness

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

(26) Date

(27) Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.