

File No.—For State Registrar Only
38135

County of Dorchester

OF
TOWN OF

of *Amesbury*

City of
If birth occurs in a hospital o

Registration District No. 1.../1..1

Registered No. 57
(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(5) Are Parents Married? *No*

(7) DATE OF BIRTH Sept 27, 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9 PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

12) BIRTHPLACE

13. OCCUPATION

20) Number of children born to mother, 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) (Hour _____ A. M. or P. M.)
on the date above stated. _____

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) **Witness**

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

(27) Filed

1 A. 800/0... 1922-28

Local Registrar.

19 _____ (27) filed _____
 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.

~~no report is desired of stillbirths before the fifth month of pregnancy~~

~~THIS RETURN:~~
Is this