

File No. — For State Registrar Only

4496

2702

Registration District No.

Registered No. 17
(For use of Local Registrar)

(No. _____) (Name of inmate of street and number)

1 If child is not yet named, make
1 (supplemental) report as directed.

DATE 2-16-73
(Month of Month) (Day) (Year)

南京中興實業

rig for

20 91

0 ~~CONFIDENTIAL~~ (Year) _____

12

3

69-

CERTIFICATE OF ATTENDING PHYSICIAN ON MINDY

(28) I hereby certify that I attended the birth of this child, was present at the time of the birth, and that the child was born on the date above stated.

100-443887-100

145) Address of Physician or Nurse

44-111-1000

● ● ● ● ●

五五五