

2) Full Name of Child

**State Board of Health**

31915

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

2) Full Name of Child

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

(7) DATE OF BIRTH 12

# FATHER

# MOTHER

Blanch, David +

Columbia, O6

(17) AGE AT LAST BIRTHDAY -

BIRTHPLACE  
Lexington, Va

Domestic

1. 2.....

2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

c) GDP | Hansen...MD....

(23) Address of Physician or Midwife

Given name added from a supplemental report

### WITNESSES

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

(27) Filed 9-29-1912 (28)

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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.

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