

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

5788

County of _____

Township of

Inc. Town of

OF
CLAY OF

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

Registration District No

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL?

R 2

4) **Twin or Triplet?**

To be removed only in event of Injury or Illness

(5) Number in
order of birth

(U) **Acq Parents**

(7) DATE OF

BIRTH 1-3-22
(Name of Month) (Day) (Year)

FATHER

(B) FULL NAME

7) PRESENT
POSTOFFICE
OF FATHER

(10)	COLOR OR FACE
------	---------------------

12 BIRTHPLACE

D. OCCUPATION

30. Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

110 NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

OLD BIRTHPLACE

19. OCCUPATION

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

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary source.

(2) Witness

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

127 Filed

3 / 1 22-28 m. W. Brown
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.

When there was no attending physician or midwife, then the father, grandfather, etc., should make this report. 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.