

File No.—For State Registrar Only

42438

Registration District No. 2011 Registered No.
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Tammy McCall { If child is not yet named, make supplemental report as directed

(5) Number in
order of birth

(6) **Are
Parents
Married?**

(7) DATE OF BIRTH Dec 15, 1922
(Name of Month) (Day) (Year)

MOTHER

PAID.

(14) NAME BEFORE MARRIAGE

4022 E. McCall

Lawrence S. G.

(15) PRESENT
POSTOFFICE
OF MOTHER

Florence Sch.

(11) AGE AT LAST BIRTHDAY.....
(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY.....25.....
(Years)

Florence S. C.

(18) BIRTHPLACE

Glarence A. C.

(19) OCCUPATION

Harmer

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

(21) Number of children of this mother now living, 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 at 5:10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Constance M. M. M. M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed Dec 25 19 22 (28) 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.