

*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.

State Board of Health

4544

St.: Ward)

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

(7) DATE OF BIRTH Feb 10 1912
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(U) BIRTHPLACE

(12) OCCUPATION

(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 female at 1 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas J. Lee

(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 Wash 1922. (28) M. U. S. N. M.
Local Registrar

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