

File No.—For State Bankers Use

19563

State Board of Health

(For use of Local Registrar)

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

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

(7) DATE OF BIRTH June, 22, 1933
(Name of Month) (Day) (Year)

MOTHER

(14) NAME REPORT
MARRIAGE

(15) **PRESENT POSTOFFICE OF MOTHER** *1000 1st St*

(16) COLOR OR RACE 1 5226 (17) AGE AT LAST BIRTHDAY 28
1960

(10) BIRTHPLACE

(19) OCCUPATION

(2) 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 4 years 10 months as 10:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P.)

(23) (Signature) [Signature]

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

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

(27) Filed March 23 (28) Clare Peterson
Local Registrar