

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

(3) SEX OR  
CHILD

Boy

To be covered only in case of Twins or Triplets

(4) Number in  
order of birthAge  
Parent  
Married(5) DATE OF  
BIRTH

1/10/12

(6) FULL  
NAME(7) PRESENT  
POSTOFFICE  
OF FATHER(8) COLOR  
OR  
RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(13) (Signature)

(14) State whether Physician or Midwife

(15) Address of Physician or Midwife

(16) Given name added from a supplement-  
tal report

(17) Witness

(Signature of Witness necessary only  
when question 13 is signed by mark)

(18) Filed "20 23 10

(19) 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.