

2613

State Board of Health

Registration District No. 4116 Registered No. 13
(For use of Local Registrar)

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(No. St. Ward)

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

BIRTH.....Nov 24.....1922
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE *Celia Green*

(15) PRESENT POSTOFFICE OF MOTHER *Harvard St*

(16) COLOR OR RACE *2201* (17) AGE AT LAST BIRTHDAY *19* *(mm)*

(18) BIRTHPLACE

Henry S. O.

(19) OCCUPATION

Ergebnisse

(21) Number of children of this mother 1 1/2 1/2

now living, including present birth 1.2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Harold J. Smith

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

Given name added from a supplemental report

(26) Witness: W. C. [Signature]
(Signature of Witness necessary only
when question 23 is signed by mark)

1300 18 31 W O Heller

(27) Filed 7-10-19 (28) 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.