

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Richland

or

Inc. Town of

or

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

File No. - For State Registrar Only
22420Registration District No. 38BRegistered No. 187
(For use of Local Registrar)

2) BOY OR GIRL

4) Twin or Triplet

To be answered only in event of Twins or Triplets

6) Number in order of birth 68) Are Parents Married? Yes7) DATE OF BIRTH July 19 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

(Years)

12) BIRTHPLACE

13) OCCUPATION

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

MOTHER.

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) AGE AT LAST BIRTHDAY

(Years)

18) BIRTHPLACE

19) 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 Alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name as used from a supplemental report)

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

(27) Filed Aug 2 1923 (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.