

79615

Bureau of Vital Statistics  
State Board of Health

(For use of Local Registrar)

St.; . . . . . Ward)

(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.

To be answered only in event of Twins or Triplets

**MOTHER.**

MOTHER.

Nora Auffen

✓ 2010

(17) AGE AT LAST BIRTHDAY 34  
(Years)

LP

(18) BIRTHPLACE

19

House

(19) OCCUPATION

Hamvik

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

(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 Adrian at 12 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *L. H. Kroll*

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

Given name added from a supplement-  
tal report

**(26) Witness**

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

**(27) Filed**

(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.