

(1) PLACE OF BIRTH

County of *Defugetto*
Township of *Craig*or
Inc. Town of
orCity of (No. of birth occurs in a hospital or other institution give name same instead of street and number.)
If child is not yet named, make supplemental report as directed(2) Full Name of Child *W.D. Stilling*

(3) SEX OR (4) Twin or Triplet? (5) Number in order of birth (6) Parents Married? (7) DATE OF BIRTH (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

MOTHER (14) NAME BEFORE MARRIAGE (15) PRESENT POSTOFFICE OF MOTHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years) (18) BIRTHPLACE (19) OCCUPATION

(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 *alive* at *11:00* A. M. or P. M. on the date above stated.(23) (Signature) *Midwife Frances* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *2/15* 1927 (28) *J. C. Lybrand* 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.

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