

Bureau of Vital Statistics  
State Board of Health

# THE

City of .....  
(If birth occurs in a hospital of .....

other institution, give name of same instead of street and number.)

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

6) DATE OF BIRTH June 1, 1944  
(Month) (Day) (Year)

2. a) Number of children born to mother, including present birth

(Years)

(31) Number of children of this mother  
now living, including present birth

(19) OCCUPATION

LESS: ADDRESS OF THEOLOGICAL STUDENTS

(CN) Filed 8-1-1964 (CN)

**When there was no attending physician or midwife, then the doctor, nurse, medical student, hospital doctor and midwives at child birth were present.**