

3337

Bureau of Vital Statistics
State Board of Health

(If birth occurs in a hospital or other institution, give name of same in _____)

Registration District No. 9.A. Registered No. 179
(For use of Local Registrar)

..St.;Ward)
(of street and number.)

(2) Full Name of Child

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

3) BOY OR
GIRL?

(4) **Twin or Triplet**

(5) Number in order of birth

(6) Are
Parent
Married

(7) DATE OF BIRTH

DATE OF BIRTH Jan 11, 1922
(Name of Month) (Day) (Year)

FATHER.

18) FULL NAME

9. PRESENT POSTOFFICE OF FATHER

(10) COLOR
OR
RACE

12) BIRTHPLACE

13. OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at St. Louis, Mo. (Hour A. M. 12:00)

(23) (Signature)

(24) State whether Physician or ~~Nurse~~

(73) Address of Physician on Misdemeanor

2.4. Time Book B

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only
when question #3 is signed by mark)

(27) Filed

Filed 1962

(28) 1.1.16.16 Local Registrar

19 _____ (27) Filed _____ Local Registrar _____
 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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FOR THE

Registrar.