

4536

**State Board of Health**

City of ..... (No. .... 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**

(7) DATE OF BIRTH Feb. 1, 1925  
(Name of Month) (Day) (Year)

# MOTHER

(19) OCCUPATION  
*Pharmacist*

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

(22) = hereby certify that I attended the birth of this child, who was Born alive at 50 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

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

(26) Witness .....

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

(27) Filed Feb 13 1912 (28) W. C. S. S. S. S.

\*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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