

**Form No. 6**

## File No.—For State Registrar Only

32397

Registration District No. 46/0..... Registered No. 46.....

(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child**

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

To be answered only in event of Twins or Triplets

Number in  
order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH. 02 13 22 1922  
(Name of Month) (Day) (Year)

# FATHER.

**MOTHER**

FATHER.  
H. M. G. C. C.

(14) NAME BEFORE MARRIAGE

11/12/2

(15) PRESENT  
POSTOFFICE  
OF MOTHER

11 Feb

(11) AGE AT LAST BIRTHDAY.

534

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY...

12 BIRTHPLACE

**BIRTHPLACE**

### 13. OCCUPATION

Herring

**(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 U. S. [illegible] at U. S. [illegible]  
on the date above stated. (Born alive or stillborn) (Hour A. M. [illegible])

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness

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

(27) Filed

1 ..... 10 .....

(28) *J.W. Harsch*  
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.