

File No. — For State Registrar Only  
43396

Registered No. 30  
(For use of Local Registrar)

(2) BOY OR GIRL 607	(4) Type of Trip F. Government only in case of Tuxes or T-shirts	(5) Number in order of birth	(6) Are Parents Married? 20	(7) DATE OF BIRTH 09/16/23 (Name of Month) (Day) (Year)
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(15) OCCUPATION *2nd Lt*

(10) OCCUPATION *Farmer*

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

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

(28) (Signature) \_\_\_\_\_  
(29) State whether Physician or Midwife \_\_\_\_\_ (30) Address of Physician or Midwife \_\_\_\_\_

7/10/61	
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(Given name added from a supplement-  
al report)

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

Oct 26, 23 (23).....

\*When there was no attending physician or midwife, then the father, householder, etc. should make the 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.