

## 43071

Registered No. 67  
(For use of Local Registrar)

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St.: ..... Ward)  
street and number.)

(7) DATE OF BIRTH Dec 12 1914  
(Month) (Day) (Year)

**MOTHER.**

NAME BEFORE MARRIAGE

(7) PRESENT POSTOFFICE OF MOTHER 12 12 12

(17) AGE AT LAST BIRTHDAY

DATE OF BIRTHPLACE

10. OCCUPATION \_\_\_\_\_

\_\_\_\_\_

**PENALTY FOR MISFEASANCE:**

CONTINUED FROM PRECEDING PHYSICIAN OR MIDWIFE\*

27. Name of child: John P. Lutz Name of this child, who was \_\_\_\_\_ at \_\_\_\_\_ A. M.  
on the date above stated \_\_\_\_\_ of said year \_\_\_\_\_ about A. M. or P. M.

(20) (S)-butane-2-thiol

(20) State whether Physician or Midwife (21) Address of Physician or Midwife

Given name added from a supplementary  
 fragment

Witness \_\_\_\_\_  
 \_\_\_\_\_ of \_\_\_\_\_ (necessary only  
 if signature is not signed by mark)

Dec 24 1954 S A Mims  
Local Registrar

10. The following persons, including the father, should make this return. If  
 11. it is desired of stillbirths before the

If 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.