

1

# Wapen

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(For use of Local Registrar)

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(No. .... St.; .... Ward)

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

(Name of Month) (Day) (Year)

12

**(25) Address of Physician or Midwife**

(27) Filed Jan 17 1965 (28) IV J. [Signature]  
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.

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