

(If birth occurs in a hospital or

**State Board of Health**

39031

(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

(1) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 28</i> (Name of Month) (Day) (Year)
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## FATHER.

**MOTHER**

(7) FULL NAME L M Sabers

(14) NAME BEFORE MARRIAGE Olga Petman

(9) PRESENT POSTOFFICE OF FATHER 1601

(15) PRESENT POSTOFFICE OF MOTHER Kershaw

(7c) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE 80

(18) BIRTHPLACE BC

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

m) Number of children born to mother, including present birth 4

(21) Number of children of this mother  
now living, including present birth { ..... 3 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) ..... *[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 *Nov. 1912* (28) *J.C. Nelson*  
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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