

86039

OF

(For use of Local Registrar)

(No. St.; Ward)

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

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

To be answered only in event of Twins or Triplets

(6) Are Parents ☒

(7) DATE OF *Oct 31 1964*

BIRTH....., 19.....
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Neita Lawrimore

(15) PRESENT POSTOFFICE OF MOTHER *Yonkers Sp.*

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Id

(19) OCCUPATION _____

(21) Number of children of this mother now living, including present birth *none*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alvin at 4 PM
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24)	State whether Physician or Midwife	(25)	Address of Physician or Midwife
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Given name added from a supplemental report

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

(27) Filed Nov 2, 1914 (28) J. H. / Soam
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.