

(1) PLACE OF BIRTH

County of

Township of

Inc. Town

City of

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

(2) Full Name of Child

(a) SEX

(b) Twin or triplet?

(c) Number in order of birth

(d) Are Parents Married

(e) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(1a) NAME BEFORE MARRIAGE

(1b) PRESENT POSTOFFICE OF MOTHER

(1c) COLOR OR RACE

(1d) BIRTHPLACE

(1e) OCCUPATION

(1f) Number of children of this mother now living, including present birth

(2a) FULL NAME

(2b) PRESENT POSTOFFICE OF FATHER

(2c) COLOR OR RACE

(2d) BIRTHPLACE

(2e) OCCUPATION

(2f) Number of children born to mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was ..... at ..... (Hour A. M. or P. M.) on the date above stated.

(2) (Signature)

(3) State whether Physician or Midwife

(4) Address of Physician or Midwife

(5) Given name added from a supplemental report

(6) Witness

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

(8) Filed

(9)

(10) 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.