

File No.—For State Registrar Only  
5330

**Registered No. ....**  
**(For use of Local Registrar)**

(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

DATE 2-2-73  
(Name of Month) (Day) (Year)

# MOTHER

**(10) OCCUPATION**

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

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

(24) State whether Physician or Midwife

(25) Address of Physic or Advocate

Given name added from a supplemental report

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

(27) Filed 12/1/80 (28)

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.