

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

Registration District No. 403 Registered No. 49

(For use of Local Refstream)

(2) Full Name of Child. J. J. Schuler 4. If child is not yet named, make supplemental report.

(7) DATE OF 1975 14

20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11-20 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

Given name added from a supplemental report

(26) Witness

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

(27) Filled

Nov 20 1916. (25) J. F. McMillan

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.