

32125

Registered No. 91
(For use of Local Registrar)

State Board of Health
Registration District No. 2001

..St.;Ward)
(of street and number.)

(No. give name of same instead of street and number.)

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

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

(8)	Number in order of birth
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(b) (7) (C) ~~FOIA~~ b7c

BIRTH..... (Day) (Month) (Year)

MOTELER.

(14) NAME BEFORE MARRIAGE

(10) PRESENT

POSTOFFICE
OF MOTHER

(10) COLOR

(16) **ON RACE** 21

715 BIRTHPLACE

(11) CHINA

(10) OCCUPATION

1981 Number of 1980

PHYSICIAN

child, who was . .

.....1-1
Physician or Mid

~~_____~~

..... (Signature)

when quest.
1677

on the father, he

month of pregnancy