

(1) PLACE OF BIRTH

County of Lapella

Township of

Inc. Town of

City of Wilmington

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

(2) Full Name of Child May Belle

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

(3) SEX OF CHILD <u>girl</u>	(4) Type of Toilet To be reported only in case of Toilet	(5) Number in order of birth <u>2</u>	(6) Age of Mother <u>20</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME not given

(9) PRESENT RESIDENCE OF FATHER

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 1 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Bruce

(15) PRESENT RESIDENCE OF MOTHER

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Blk 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)

C. L. Yum Registrar

(27) Filed (28)

When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.