

(1) PLACE OF BIRTH

Township of Barre

CP

Inc. Town of.....

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**

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

(3) BOY ON  
GIRL

(4) **Twin or Triplet?**

(8) Number in order of birth  
west of Texas or Tri-State

(b) Are Parents Missing?

(7) DATE OF BIRTH: June 10, 1943  
(Name of Month) (Day) (Year)

# FATHER.

**MOTHER.**

(b) FULL NAME

(14) NAME BEFORE MARRIAGE

(7) PRESENT  
POSTOFFICE  
OF FATHER

(15) **PRESENT  
POSTOFFICE  
OF MOTHER**

(10) COLOR  
ON  
BACK

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY...

112 NORTHPLACE

**(10) NORTH PLACE**

**715 OCCUPATION**

**(19) OCCUPATION**

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) 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 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) The

Mar 15 1923 (24) W. F. H. Jones  
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.