

**(1) PLACE OF BIRTH**

**Township of** .....

inc. Town of.....

City of \_\_\_\_\_

(No. .... St. .... Ward)   
 (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 OR GIRL?

**Two**

(1)	Number in order of birth
1	1
2	2
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4	4
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95	95
96	96
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98	98
99	99
100	100

(10) Age \_\_\_\_\_

(7) DATE OF BIRTH: 2 J 1953  
(Month) (Day) (Year)

**FATHER**

(b) FULL NAME

7) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
ON  
FACE

(11) AGE AT LAST BIRTHDAY..... 40 (Yrs)

15

12. **CONCLUSIONS**

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

**MOTHER**

(14) NAME, REPORT

(12) PRESENT  
POTENTIAL  
OF MATHS

(10) COLOR ON PAGE

**(10) 1978-1980**



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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(28) (Signature)

(24) State whether Physician or Midwife

\*\*\*\*\*  
 1. Addressee of the notice or invitation

(Given name added from a supplemental report)

(20) Witness

Signature of Witness necessary only  
when question 22 is signed by mark

(17) *What's the deal?*

**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.