

### File No.—For State Bookstore Use

~~SECRET~~

(2) Full Name of Child James William Thompson If child is not yet named, make supplemental report as directed

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

(20) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature)

(25) Signature  
(26) State whether Physician or Midwife

(b)(3) Signature of Physician or Midwife

Given name added from a supplemental report

(b) Widow

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

(27) Filed

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\*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.

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