

(1) PLACE OF BIRTH

County of

Township of

No. Town of

City of

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

DATE OF BIRTH

Month of

Day of

Year of

Registered No.

Registered No.

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Registered No.

(2) Full Name of Child

(a) BOY OR GIRL

(b) SEX

(c) DATE OF BIRTH

(d) FULL NAME

(e) PRESENT POSTOFFICE OF FATHER

(f) COLOR OR RACE

(g) BIRTHPLACE

(h) OCCUPATION

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

(j) NAME BEFORE MARRIAGE

(k) PRESENT POSTOFFICE OF MOTHER

(l) COLOR OR RACE

(m) BIRTHPLACE

(n) OCCUPATION

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

(p) SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(r) on the date above stated.

(s) (Signature)

(t) State whether Physician or Midwife

(u) Address of Physician or Midwife

(v) Given name added from a supplemental report

(w) (Signature of Witness necessary only when question 25 is signed by mark)

(x) Filed

(y) Registrar

(z) 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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