

(2) Full Name of Child.

State Board of Health

88701

(For use of Local Registrar)

St.; Ward)

Ala U Williams If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in
order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH_____

Dec. 8, 1966

FATHER.

(8) FULL NAME

FATHER.
James Williams

(9) PRESENT
POSTOFFICE
OF FATHER

10 Floor St

(10) COLOR
OR
RACE

22

(II) AGE AT LAST BIRTHDAY 60

(12) BIRTHPLACE

22

(13) OCCUPATION

ON Labor

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

8

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(23) (Signature) _____
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

Registra

(29) Witness

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

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(2)

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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.

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