

(1) PLACE OF BIRTH

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County of

Township of

or  
Inc. Town of

or  
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

(3) BOY  
GIRL

(4) Twin  
or Triplet?

(5) Number in  
order of birth

(6) Are  
Parents  
Married?

(7) DATE OF  
BIRTH

(8) Name of Mother (Day) (Year)

(9) FULL  
NAME

(10) PRESENT  
POSTOFFICE  
OF FATHER

(11) COLOR  
OR  
RACE

(12) AGE AT LAST  
BIRTHDAY

(13) BIRTHPLACE

(14) OCCUPATION

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

(16) NAME BEFORE  
MARRIAGE

(17) PRESENT  
POSTOFFICE  
OF MOTHER

(18) COLOR  
OR  
RACE

(19) AGE AT LAST  
BIRTHDAY

(20) BIRTHPLACE

(21) OCCUPATION

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

(23) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Witness

(28) (Signature of Witness necessary only  
when location is signed by birth)

(29) Filed

(30) When there was no attending physician or midwife, then the father, householder, etc., should make this return, if  
a child breathing even when it is born, not by the mother, but by the father, householder, etc., should make this return, if