

MARGIN RESERVED FOR BINDING.

(1) PLACE OF BIRTH .....  
County of .....  
Township of .....  
OR  
Inc. Town of .....  
City of ..... (No. .... 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 .....	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? .....	(7) DATE OF BIRTH .....
(Name of Month) (Day) (Year)				

FATHER		MOTHER	
(8) FULL NAME .....	(9) PRESENT POSTOFFICE OF FATHER .....	(10) NAME BEFORE MARRIAGE .....	(11) PRESENT POSTOFFICE OF MOTHER .....
(12) COLOR OR RACE .....	(13) AGE AT LAST BIRTHDAY .....	(14) COLOR OR RACE .....	(15) AGE AT LAST BIRTHDAY .....
(16) BIRTHPLACE .....		(17) BIRTHPLACE .....	
(18) OCCUPATION .....		(19) OCCUPATION .....	
(20) Number of children born to mother, including present birth .....		(21) Number of children of this mother now living, including present birth .....	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) .....

(24) State whether Physician or Midwife .....

(25) Address of Physician or Midwife .....

Given name added from a supplemental report .....

(26) Witness .....

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed Nov 22 1912 (28) 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.