

THE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
AT HOME OR AT TRAVEL, THIS LETTER HAS A SEPARATE BLANK FOR EACH CHILD, AND  
KINGSTOWN, No. 1. THE OTHER, No. 2, etc., in question 2.

Township of moon.....

or

INC. TOWN OF.....

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 George A. Smith

**State Board of Health**

Registration District No. 2401 Registered No. 30  
(For use of Local Registrar)

(No. ..... St.; ..... Ward

(3) BOY OR GIRL?

(4) Twin or Triplet

(5) Number in order of birth

(5) **Are**  
**Parents**  
**Married**

(7) DATE OF

BIRTH June 13, 1922  
(Name of Month) (Day) (Year)

## FATHERS

(2) FULL  
NAME

3) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

12 BIRTHPLACE

**13) OCCUPATION**

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 11 P. M.  
on the date above stated. (Born live or stillborn) Hour A. M. or P. M.

(23) (Signature) Joseph A. Anderson

(24) State whether Physician or Midwife ☒ Physician ☐ Midwife Address of Physician or Midwife

Given name added from a supplement-  
tal report

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

(27) Filed 6-21-12 (28) *With* 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.