

Form No. 8

(1) PLACE OF BIRTH

County of \_\_\_\_\_

Township of \_\_\_\_\_

Inc. Town of \_\_\_\_\_

(My of \_\_\_\_\_

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

(2) Full Name of Child John Allen

FILE NO. For State Registrar Only

17918

Registration District No. 2369Registered No. 51

(For use of Local Registrar)

(No. 916/23 St. \_\_\_\_\_)

Ward \_\_\_\_\_

(3) BOY OR GIRL? BOY

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE B(11) BIRTHPLACE SE(12) OCCUPATION farming(13) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Lillian May Smith(15) PRESENT POSTOFFICE OF MOTHER Donald SE(16) COLOR OR RACE B(17) BIRTHPLACE SE(18) OCCUPATION farming(19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Sarah A. Smith(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 19 19

(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.