

**39229**

Registered No. ....  
(For use of Local Registrar)

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

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

If child is not yet named, make supplemental report as directed

(7) DATE OF

To be answered only in event of Twins or Triplets

Married? ☒ **BIRTH**.....Feb.....19.....  
(Name of Month) (Day) (Year)

## FATHER

# MOTHER

(8) FULL NAME Lance R. R.

(14) NAME BEFORE MARRIAGE Ms. McShane

(9) PRESENT POSTOFFICE OF FATHER *Lucknow Sp*

(15) PRESENT POSTOFFICE OF MOTHER *Likiep, La*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *27*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *21*

(12) BIRTHPLACE *London, England*

(18) BIRTHPLACE Kent, Ohio

(13) OCCUPATION -

(19) OCCUPATION 12

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was... Bernie Salinas at... H. P. M.  
on the date above stated. (Born 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

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

(27) Filed ALL 7.....19 7... (28) J. H. Hoyer  
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.