

NEED A BINDER TO FOR BINDING.

5661

Registration District No. 206

Registered No. 8.....
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alvin Brown (if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 21, 23</i> (Name of Month) (Day) (Year)
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(8) FULL NAME Henry Brown FATHER.

(9) PRESENT POSTOFFICE OF FATHER Lehigh

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46

(12) BIRTHPLACE _____

(1b) OCCUPATION DRIVER

(29) Number of children born to mother, including grand birth

MOTHER.

(14) NAME BEFORE MARRIAGE *Ollie Owens*

(15) PRESENT POSTOFFICE OF ADDRESS *E 112 HA*

(18) COLOR OR *Black* (19) AGE AT LAST BIRTHDAY *19*

RACE WHITE (Year) _____
(10) BIRTHPLACE _____

(19) OCCUPATION _____

(21) Number of children of this mother 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(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 21 is signed by parent)

(27) Filed Mar 13 1973 (28) MA 100-100000

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.