

3563

State Board of Health

Registered No. 3
(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.)

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 Twin or Triplet in a birth record	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 17 1963</i> (Month) (Day) (Year)
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MOTHER

(14) NAME BEFORE MARRIAGE Lucie Freeman

(15) PRESENT POSTOFFICE OF MOTHER *See file -*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19*

(16) ~~DATE PLACED~~ *S.O.*

(16) OCCUPATION _____

(71) 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 Born alive at 52 St. Louis, Mo. on the date above stated. (Born alive or stillborn) (Home A. M. or P. M.)

(20) (Signature) H. L. Faulkner
(21) State whether Subscribed or Not

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	1111 1st St. N. W.

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only when executing a will)

When question is to signed by NAME, Feb 20 1933 Wm. J. Harrison

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.

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