

State Board of Health

58382

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. *A.C.C.S. - Garza* ... } If child is not yet named, make supplemental report as directed

BIRTH April, 11, 1916
(Name of Month) (Day) (Year)

MOTHER

Matthew Harrison

Stager

(17) AGE AT LAST BIRTHDAY 29

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 Basil Akers at 10 P M.
on the date above stated. 2 (Born alive or stillborn) 1 (Hour A.M. 2 P.M.)

Staryi Arkhiv Meditsyny

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed *4/20/191*

(2S) 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.