

58390

State Board of Health

(For use of Local Registrar)

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

(7) DATE OF BIRTH *CA* 4

MOTHER

Nicola Vandenberg

Anderson P.C.

(17) AGE AT LAST BIRTHDAY 20
(Years)

Ambers Co.

Kennel wife

7

(22) I hereby certify that I attended the birth of this child, who was White at 11 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

John E. Dealson

(25) Address of Physician or Midwife

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

April 4, 1916. (28) J. B. Myers

Local Register

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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