

20505

2) Full Name of Child

red No.
(For use of Local Registrar)

Sl: Ward

(No. other institution, give name of same instead of street and number.)

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

(4) Twin

(5) Number in
order of birth

(8) Are Parents Married? **Yes**

(7) DATE OF BIRTH May 15 19121
(Name of Month) (Day) (Year)

FATHER.

WATER

PRESENT
IN THE
OF FATHER

1992

025

DIRECTOR

OCCUPATION

Number of children born to
 mother, including present birth

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE *Colored*

4-01 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 _____ at _____ (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. *A. E. Borden* _____ of Physician or Midwife

(23) (Signature)

(24) State where

Midwife

(26) Address of Physician or Midwife

Given name added from a supplement-
tal report

1993, Winter 2003

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

2023 Filed

150

(29)

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.