

(2) Full Name of Child ... *Ch. 1.*

**State Board of Health**

18969

(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 Charles Edward Bernick If child is not yet named, make supplemental report as directed

(Name of Month) (Day) (Year)

# MOTHER

(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 White, at 1615 16th St. N. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. J. [illegible]*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
al report

(26) Witness .....

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

(27) Filed 10/13/11 (28) *[Signature]*

\*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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