

18576

City of .....

(No. 192 St.; ..... Ward)  
(Indication of name of street instead of street and number.)

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

7) DATE OF BIRTH June 12, 1972  
(Name of Month) (Day) (Year)

# MOTHER.

(14) NAME BEFORE MARRIAGE Faith Wilson Haine

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

**(18) OCCUPATION**

(21) Number of children of this mother  
now living, including present birth

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

(28) (Signature)

(24) State whether Physician or Midwife

125) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only  
when question 20 is signed by mark)

(27) Filed

..... June 19 7.2

(28)

Local Registrar.

17. If a child was not 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.