

(If birth occurs in a hospital or

State Board of Health

~~42701~~

(For use of Local Registrar)

(No. 1. 222 Sh.)

other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Luther

3) BOY OR, \	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents	(7) DATE OF BIRTH
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GIRL? [initials]

Of triplet? [initials]

Order of birth [initials]

Parents Married? [initials]

BIRTH [initials]

Name of (month) (Day)

FATHER.		MOTHER.	
1	2	1	2
3	4	3	4
5	6	5	6
7	8	7	8
9	10	9	10
11	12	11	12
13	14	13	14
15	16	15	16
17	18	17	18
19	20	19	20
21	22	21	22
23	24	23	24
25	26	25	26
27	28	27	28
29	30	29	30
31	32	31	32
33	34	33	34
35	36	35	36
37	38	37	38
39	40	39	40
41	42	41	42
43	44	43	44
45	46	45	46
47	48	47	48
49	50	49	50
51	52	51	52
53	54	53	54
55	56	55	56
57	58	57	58
59	60	59	60
61	62	61	62
63	64	63	64
65	66	65	66
67	68	67	68
69	70	69	70
71	72	71	72
73	74	73	74
75	76	75	76
77	78	77	78
79	80	79	80
81	82	81	82
83	84	83	84
85	86	85	86
87	88	87	88
89	90	89	90
91	92	91	92
93	94	93	94
95	96	95	96
97	98	97	98
99	100	99	100

(14) NAME BEFORE Mr. J. M. [illegible]

(c) PRESENT 41 (15) PRESENT 100

POSTOFFICE OF MOTHER *Grilled*

(18) COLOR	(19) AGE AT LAST	(20) COLOR	(21) AGE AT LAST
	21		23

OR RACE White BIRTHDAY 21 (Years)

(12) BIRTHPLACE	(13) BIRTHPLACE
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John Doe | John Doe

(13) OCCUPATION	(19) OCCUPATION
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[illegible]

(20) Number of children born to	(21) Number of children of this mother
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
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10	10
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90	90
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96	96
97	97
98	98
99	99
100	100

number of children born to mother, including present birth	now living, including present birth
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) *[Handwritten Signature]*

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

Given name added from a supplemental report

(26) Witness

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

[Handwritten signature]

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

When there was no attending physician, midwife, or the father, householder, etc., should make the report. If a child breathes even for a few minutes, both father and mother must report the stillborn. No report is desired of stillbirths before the fifth month of pregnancy.