

## (1) PLACE OF BIRTH

County of AmberTownship of Noneor  
Inc. Town ofor  
City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

## (2) Full Name of Child

John

Registration District No. ....

Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward)

If child is not yet named, make  
supplemental report as directed3. BOY OR  
GIRL boy4. Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH May 15, 1922  
(Name of Month) (Day) (Year)

## FATHER.

5. FULL  
NAME6. PRESENT  
POSTOFFICE  
OF FATHER(16) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY  
(Years)

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to  
mother, including present birth

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Sylvia Lewis(15) PRESENT  
POSTOFFICE  
OF MOTHER Deputy S.C.R.(18) COLOR  
OR  
RACE Negrs(17) AGE AT LAST  
BIRTHDAY 15  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 John at 11 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Deputy S.C.R.Given name added from a supplement-  
tal report(26) Witness [Signature]  
Signature of Witness necessary only  
when question 23 is signed by mark19  
Registrar

(27) Filed

19

(28)

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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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