

*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.

35102

Registered No.
(For use of Local Registrar)

(No. St. Ward

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

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

(7) DATE OF BIRTH July 19, 1922
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE *white*

(18) BIRTHPLACE *Lawrence, J C*

(19) OCCUPATION
Housewife

(71) Number of children of this mother now living, including present birth *1 Jesus*

N OR MIDWIFE*
 born alive 2:10 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name dated from a supplement-
al report

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

(27) Filed 10-1-82

(28)..... Local Registrar.