

(1) PLACE OF BIRTH

County of _____

Township of

Inc. Town of

City of

2. Full Name of Child

JOY OR
PAIN?

(4) Twin or Triplet?

(g) Number in order of birth

(6) Are Parents Married?

7) DATE OF BIRTH 6/1/35

MORTUARY

(14) NAME BEFORE MARRIAGE ✓

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(b) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

2. I hereby certify that I attended the birth of this child, who was born alive or stillborn (circle A, M, or P, M) on the date above stated. 1-7-1964

(23) (Signature)

(23) (Signature)
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

1.23. Address of Physician or Midwife

11-00000 added from a supplement-
al report

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

(27) Filed 4/21/10 1023 (28)

(25) *... ..*

*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.

before the fifth month of pregnancy.