

File No.—For State Registrar Only

State Board of Health

Registration District No-

Registered No.

(For use of Local Registrar)

Inc. OF

ADDITIONAL INFORMATION

City of

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. Parah. Caroline M. L. L. L. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Isolat?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH_____

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(9) **FULL
NAME**

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
(OR
RACE

(11) AGE AT LAST BIRTHDAY -

(12) BIRTHPLACE

(11) OCCUPATION

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) **PRESENT
POSTOFFICE
OF MOTHER**

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY —

(18) BIRTHPLACE

(19) OCCUPATION

(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 born at Home (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Not: Not

(25) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witnesses

(Signature of Witness necessary only
when question 28 is signed by mark)

1977-1978

(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.

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