

28854

Registered No. 22
(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.)

(2) Full Name of Child Patricia Elizabeth Mastay child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 11 1922</i> (Name of Month) (Day) (Year)
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MOTHER

(14) NAME BEFORE MARRIAGE: Reva L. Moore

(15) PRESENT POSTOFFICE OF MOTHER Hendersone, C. # 6

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE London

(18) OCCUPATION - House Wife

(21) Number of children of this mother now living, including present birth 4

(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) M. or P. M.

(23) (Signature) J. E. Mc...
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

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

(27) Filed 12/10/22 (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.