

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

State Board of Health

91955

FATHER.

(13) OCCUPATION
musician

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

MOTHER.

(19) OCCUPATION
Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 8 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 [Address]

Given name added from a supplement-
tal report

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

(27) Filed July 8 1917 (28) 11-7-17 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.