

Date of Birth: .....  
 Place of Birth: .....  
 Registered: .....  
 (For use of local health department)

(1) Full Name of Child: Alvin S. Brown  
 If child is not yet named, give name of same instead of street and number.

Sex: Male Age: 7 Months: 10  
 Date of Birth: Sept 14 1941

(2) Name of Mother: Julia Brown  
 (3) Name of Father: Robert Brown  
 (4) Address: 1010 1st St  
 (5) City: St. Louis (6) State: Mo  
 (7) Occupation: Farmer  
 (8) Date of Birth of Child: Sept 14 1941  
 (9) Date of Birth of Mother: 1913  
 (10) Date of Birth of Father: 1915

(11) I hereby certify that I attended the birth of this child, who was... born alive...  
 on the date above stated.  
 (12) (Signature) Rebecca Conderson  
 (13) State whether Physician or Midwife  
 (14) Address of Physician or Midwife: St. Louis

(15) Given name added from a supplemental report  
 (16) Witness: Dill, Brown  
 (17) Signature: [Signature]

When there was no attending physician or midwife, the parent or guardian of the child must sign this certificate before the child is one month old.