

City of ..... (No. .... St. .... Ward .....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

5075

If child is not yet named, make supplemental report as directed.

(7) DATE OF BIRTH Mar. 21, 1916  
(Name of Month) (Day) (Year)

# MOTER

Nattie Dixon

Task #6

(17) AGE AT LAST BIRTHDAY 38  
(Years)

*L*

Housewife

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

(22) I hereby certify that I attended the birth of this child, who was Alma at 7 9 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness

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

Registrar

(27) Filed *Apr 29* 191*4*

(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.