

**State Board of Health**

~~25058~~

111

NO. 111111  
(For use of Local Registrar)

St.; ...~~4~~... Ward)  
street and number.)

2) Full Name of Child Michael Hoisett

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

3 BOY OR  
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents

(7) DATE OF

BIRTH July 7 1913  
(Name of Month) (Day) (Year)

# FATHER

# MOTHER

(3) FULL  
NAME

(14) NAME BEFORE MARRIAGE

4) PRESENT  
POSTOFFICE  
OF FATHER

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(4) COLOR  
OR  
RACE

(ii) AGE AT LAST BIRTHDAY —

(16) COLOR  
OR  
RACE

(17) AGE AT LAST BIRTHDAY —

12) BIRTHPLACE

**(18) BIRTHPLACE**

### 5) OCCUPATION

(19) OCCUPATION

4) Number of children born to mother, including present birth

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

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

(23) Signature J. H. Kelly  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by agent) *[Signature]*

(27) Filed 1/1/19 (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.

**EXHIBIT 10**

Filed 8/9, 1922. J. H. Green, M.D.  
Registrar.

**Registrar.**