

FIRST-BOOK, No. 1. THE OTHER, No. 2. CH. 2. CH. 2.

<p>(1) County</p> <p>Town</p> <p>Inc. Town of Registration District No. Registered No.</p> <p>OF (For use of Local Registrar)</p> <p>City of (No.) St. Ward</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				
<p>(2) Full Name of Child If child is not yet named, make supplemental report as directed</p>				
<p>(3) BOY OR GIRL?</p>	<p>(4) Twins or Triplet?</p>	<p>(5) Number in order of birth</p> <p><small>To be entered only in case of twins or triplets</small></p>	<p>(6) Are Parents Married?</p>	<p>(7) DATE OF BIRTH (Name of Month) (Day) (Year)</p>
<p>FATHER.</p> <p>(8) FULL NAME</p> <p>(9) PRESENT POSTOFFICE OF FATHER</p> <p>(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)</p> <p>(12) BIRTHPLACE</p> <p>(13) OCCUPATION</p> <p>(14) Number of children born to mother, including present birth</p>		<p>MOTHER.</p> <p>(15) FULL NAME</p> <p>(16) PRESENT POSTOFFICE OF MOTHER</p> <p>(17) COLOR OR RACE (18) AGE AT LAST BIRTHDAY (Years)</p> <p>(19) BIRTHPLACE</p> <p>(20) OCCUPATION</p> <p>(21) Number of children of this mother, including present birth</p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>				
<p>(22) I hereby certify that I attended the birth of this child, who was as on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p> <p>(23) (Signature)</p> <p>(24) State whether Physician or Midwife (25) Address of Physician or Midwife</p>				
<p>Given name added from a supplemental report</p> <p>..... 101.....</p> <p>..... Registrar</p>		<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed 101..... (28) Local Registrar</p>		

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.