

100-170000

State Board of Health

28438

(if birth occurs in a hospital)

(For use of Local Registrar)

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

(1) DATE OF BIRTH July 7, 1933

MOTHER

NOTHING.
Therapeutic

Green S.S.

"white"

24

no fee @ 5.5

manifera

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(22) I hereby certify that I attended the birth of this child who was Alma at M.
on the date above stated. 21 (Born alive or stillborn) (Hour A. M. or P. M.)

State whether Physician or Midwife

(25) Address of Physician or Midwife:

(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark) *o. l.*

(27) Filed Sept 10, 2013 (28) Ch. Mich.
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.

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