

County of

Township of

Inc. Town of

City of

2) Full Name of Child

(3) BOY OR GIRL?

Bay

(4) Twin

To be a

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Par  
Ma

**Are**

(7) DATE OF BIRTH\_\_\_\_\_

**BIRTH**

DATE OF Mar 18 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL  
NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

10) COLOR  
OR  
RACE

112) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) *V. A. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

**(20) Witness**

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

(27) Filed:

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(25)

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.

fifth month of pregnancy.

(copy from original in pencil.)