

NAME OF MOTHER *Alfreda*

DATE OF BIRTH *11/11/1911*

TIME OF BIRTH *11:30*

PLACE OF BIRTH *St. Louis, Mo.*

SEX OF CHILD *Girl*

WEIGHT *10 lbs.*

LENGTH *19 in.*

HEAD *13 in.*

ARM *10 in.*

LEG *10 in.*

FOOT *10 in.*

HAIR *Light Brown*

EYES *Blue*

SKIN *Fair*

TEMPERATURE *98.6*

PULSE *120*

BREATH *Normal*

STOMACH *Normal*

INTELLIGENCE *Normal*

GENERAL APPEARANCE *Good*

DIAGNOSIS *Normal*

PROGNOSIS *Good*

TREATMENT *None*

DATE OF DISCHARGE *11/11/1911*

PLACE OF DISCHARGE *St. Louis, Mo.*

NAME OF PHYSICIAN *Dr. J. H. Smith*

DATE OF EXAMINATION *11/11/1911*

PLACE OF EXAMINATION *St. Louis, Mo.*

NAME OF PHYSICIAN *Dr. J. H. Smith*

DATE OF EXAMINATION *11/11/1911*

PLACE OF EXAMINATION *St. Louis, Mo.*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____

(Name of child)

20 Signature *J. H. Smith*

(Name of physician or midwife)

21 Address *St. Louis, Mo.*

(Address of physician or midwife)

22 Name *Dr. J. H. Smith*

(Name of physician or midwife)

23 Date *11/11/1911*

(Date of examination)

24 Place *St. Louis, Mo.*

(Place of examination)

25 Name *Dr. J. H. Smith*

(Name of physician or midwife)

26 Date *11/11/1911*

(Date of examination)

27 Place *St. Louis, Mo.*

(Place of examination)

28 Name *Dr. J. H. Smith*

(Name of physician or midwife)

29 Date *11/11/1911*

(Date of examination)

30 Place *St. Louis, Mo.*

(Place of examination)