

AGENCY OF:

Chickadee

Residence of child:

at

BY OF:

If birth occurred in a hospital or other institution, give name of institution and name of doctor in charge (if not a hospital or other institution, give name of doctor in charge.)

2. FATHER'S NAME: *Charles Bell*10. Child's date of birth: *11/13/54*

11. SEX OF CHILD: *Male* (12) Term of pregnancy: *38 weeks* (13) Number of children born to mother: *4* (14) Age of mother at last birth: *24* (15) Date of last birth: *11/13/54* (16) Name of mother (Last, First, Middle): *Charles Bell*

FATHER'S		MOTHER'S	
17. FULL NAME: <i>Charles Bell</i>	18. NAME OF MOTHER: <i>Charles Bell</i>	19. PRESENT RESIDENCE: <i>11/13/54</i>	20. PRESENT RESIDENCE: <i>11/13/54</i>
21. AGE AT LAST BIRTH: <i>24</i>	22. AGE AT LAST BIRTH: <i>24</i>	23. COLOR OF SKIN: <i>White</i>	24. COLOR OF SKIN: <i>White</i>
25. OCCUPATION: <i>Teacher</i>	26. OCCUPATION: <i>Teacher</i>	27. NUMBER OF CHILDREN OF THIS MOTHER: <i>4</i>	28. NUMBER OF CHILDREN OF THIS MOTHER: <i>4</i>

## CERTIFICATION OF ATTENDING PHYSICIAN OR MIDWIFE

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

(30) Signature: *Charles Bell*  
(31) State whether physician or midwife: *Physician* Address: *11/13/54*

32. Please name address of child's birthplace: <i>11/13/54</i>	33. Signature of witness: <i>11/13/54</i>
34. Registrar: <i>11/13/54</i>	35. Local Registrar: <i>11/13/54</i>

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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Registrar

Filed: *11/13/54*