

1826

(2) Full Name of Child

124

(For use of Local Registrar)

..... St. Ward 1

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

FUTUR

(4) Twin or triplet? *No*

(g) Number in order of birth 4

(6) Are Parents *Yes*

(7) DATE May 29
BIRTH 1923

(Name of Month) (Day) (Year)

FATHER,

FILE NAME

PRESENT
POSTOFFICE
OF FATHER.

1) COLOR
2)
RACE

FIRST PLACE

11. OCCUPATION

Number of children born to
with a living parent birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born as female (Born alive or stillborn) (Hour A. M. or P. M. 11:00) on the date above stated. 11/11/54

(23) (Signature)

(21) State whether Physician or Midwife

Address of Physician or Midwife

007-104

been added from a supplemental report

(26) Wilner

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

1241

Local Registrars

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.

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.