

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

if birth occurs in a hospital or other institution, give name of same (instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth:

To be answered only in event of Twins or Triplets.

(6) Are Parents Married?

(7) DATE OF BIRTH

Registered No. 183

(For use of Local Registrar)

St. 10 Ward

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

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:27 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report:

Martin B. Woodward

(26) Witness

(Signature of Witness necessary only when (19) section 23 is signed by mark)

(27) Filed

1/25/22

J. M. Mendenhall

Assistant to the attending physician or midwife, then the father, householder, etc., should make this return when there was no attending physician or midwife. No report is desired of stillbirths. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

Fifth month of pregnancy.

Filed

Registrar