

44625

Bureau of Vital Statistics
State Board of Health

Registered No. 129
(For use of Local Registrar)

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

FATHER

(14) NAME BEFORE MARRIAGE *Ellen C. Th*

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY 4 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

(22) I hereby certify that I attended the birth of this child, who was born alive and well born at 7 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

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

(27) Filed Jan 17 1916. (28) C. J. [illegible] 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.