

66501

State Board of Health

Registration District No. 726 Registered No. 51

(For use of Local Registrar)

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City of (No. St.; Ward)
 if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child..... Johnson .. { If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in case of twins or triplets			June, 24, 1960 (Name of Month) (Day) (Year)

FATHER.

MOTHER

FILE NAME: Cande Hanson

(14) NAME BEFORE MARRIAGE *Edna Turner*

PRESENT
F. J. PRICE
CLERK

(15) PRESENT
POSTOFFICE
OF MOTHER *2nd Grade 50*

(ii) AGE AT LAST BIRTHDAY 36
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)

2. BIRTHPLACE
Santiago, Chile

(18) BIRTHPLACE
G. S. S.

113 OCCUPATION

(19) OCCUPATION *housewife*

Number of children born to
Mother, including present birth

(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 6-12 M.
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

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

(27) Filed 1916 (28) Local Registrar.

When the attending physician or midwife, then the father, householder, etc., should make this return. If the child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.