

(1) PLACE OF BIRTH

County of _____

Turnship of

Inc. Town of

On 10

2) Full Name of Child

4 BOY OR
GIRL? *dy*

74) Twin

or in the
State

(5) Number in order of birth

Are Parents Married?

47) DATE OF BIRTH_____

(Name of Member) (Day) (Year)

FATHER

MOTHERS

NAME

PRESENT
OFFICE
1948

the COLOR
of
WATER

SIXTH PLACE

11. OCCUPATION

20. Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(22) (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 12 is signed by mark)

(27) Filed.

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.

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