

File No.—For State Registrar Only
5546

② Full Name of Child. Walter Ches. Englund .. } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Is a grandchild in order of birth</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12 23</u> (Name of Month) (Day) (Year)
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FATHER.

(C) FULL NAME *Kristian Edvard England*

(9) PRESENT POSTOFFICE OF FATHER *(Lower 26)*

(M) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION
Student - Law School

(20) Number of children born to mother, including present birth 1. Two (2)

(4) NAME BEFORE MARRIAGE *Frances Miller*

(15) PRESENT POSTOFFICE OF MOTHER *Albany, N.Y.*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE _____

(19) OCCUPATION
Housewife

(2) Number of children of this mother now living, including present birth } T... (2)

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.)

(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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Given name added from a supplement-
tal report

(7c) Witness
(Signature of Witness necessary only
when question 28 is signed by mark)

(27) Filed July 13, 1923 (28) 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.

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