

Form No 1.

(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 institution or street and city.)

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Was born in order of birth

(6) Is child married?

(7) Date of birth

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

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

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) (Signature)

(27) Whether (Signature of Physician or Midwife) when question is suggested by training

(28) City

(29) Date

(30)

(31) (Signature)

MARGIN RESERVED FOR BINDING.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia.

*When there was no attending physician or midwife, then the father, householder, etc., should indicate on this form that a child was born, even though it must not be reported as stillborn. No report is needed of stillbirths, because a child breathes even such, it must not be reported as stillborn.