

4700

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

(7) DATE OF BIRTH 2 27 1923
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Anna M. J. J. J. J.

(18) PRESENT POSTOFFICE OF MOTHER *Bozart*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *34* (Years)

(18) BIRTHPLACE
Hawthorn

13 OCCUPATION
Farming

(10) OCCUPATION
Housekeeping

20 Number of children born to mother, including present birth

(71) 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, at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

Ms. Heywood.

3/12..... 1924
Registrar

(20) Witness (Signature of Witness necessary only
when question 23 is signed by maker)

(27) Filed Feb 27 1923 (28) Will. L. L. L.
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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