

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Emmanuel Sinyay*

File No. — For State Registrar Only

67751

Registered No. *49*  
(For use of Local Registrar)

St.; ..... Ward)

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 *July 9, 1926*

(Name of Month) (Day) (Year)

FATHER

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(11) BIRTHPLACE

(12) OCCUPATION

Born to  
at present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MADE PLAINLY. WITH READING IN. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OFFICE, NO. 2, ETC. IN QUESTION 8.

McGraw, of Columbia