

Form No. 8

(1) PLACE OF BIRTH

County

Township

or

(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

FILE NO. For State Registrar Only

41186

Registration District No. 2802 Registered No. 5-0

(For use of Local Registrar)

(3) SEX
GIRL(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF BIRTH
BIRTH

(Name of Month) (Day) (Year)

FATHER

(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

MOTHER

(15) NAME BEFORE
MARRIAGE(16) PRESENT
POSTOFFICE
MOTHER(17) COLOR
OR
RACE(18) AGE AT LAST
BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

(21) 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 born 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) Witness

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

(27) Filled

Date

Month

Day

(28)

Signature

Date

Month

Day

(29)

*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 required of stillborn before
month of pregnancy.WRITE PLAINLY, WITH REPEATING INK—THIS IS A PERMANENT RECORD.
N. B.—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 1.