

File No.—For State Registrar Only

County of \_\_\_\_\_

Township of

of  
Inc. Town of

City of

City of ..... (No. ...., ..... St., ..... Ward,  
if birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

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

3 BOY &  
GIRL

(4) Twin or Triplet?

(5) Number in order of birth  
event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE May 11 1922  
BIRTH (Name of Month) (Day) (Year)

**FATHER.**

9) FUEL  
NALL

9) PRESENT  
POSTOFFICE  
OR EATING

12) COLOR  
ON  
PAGE

(11) AGE AT LAST BIRTHDAY —

2) BIRTHPLACE

### 11 OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE *Black*

(18) BIRTHPLACE

**(10) OCCUPATION**

2.) Number of children born to  
mother, including present birth.

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

(23) (Signature)

(23) (Signature) [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) Filed**

✓(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.

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.