

File No.—For State Registrar Only  
64667

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

(7) DATE OF

# MOTHER.

**MOTHER.**  
*Permit me!*

12-11-11

R. White

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**INFORMATION**

5

75

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

**(27) Filed**

\*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.