

State Board of Health

File No.—For State Registrar Only

66276

(1) PLACE OF BIRTH

County of _____

Township of

or

Inc. ^{OF} TOWN of

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

(3) BOY OR GIRL?

(4) Twin
or Triplet?

(3) Number in order of birth

(6) Are
Parents
Married?

(Y) DATE OF BIRTH June, 10 1961

22 (Name of Month) (Day) (Year)

MOTELIER

(8) FULL NAME

FATHER.

(9) PRESENT
POSTOFFICE
OF FATHER

10) COLOR
OR
RACE

(II) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

(13) OCCUPATION

20) Number of children born to mother, including present birth

(20) 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 alive at 10 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) **Winners**

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

25)

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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