

2(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

21869

Registration District No. 5, 30, 31

Registered No.
(For use of Local Registrar)

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

(4) **Twin or Triplet**

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

(8) Are Parents Married?

(7) DATE OF BIRTH 1944 1 19 1944
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

3 FULL
NAME

9. PRESENT
POSTOFFICE
OF FATHER

101 COLOR
ON
PAGE

(12) BIRTHPLACE

his occupation

(11) **AGE AT LAST BIRTHDAY**

YOUNG

(14) NAME BEFORE MARRIAGE

(18) **PRESENT
POSTOFFICE
OF MOTHER**

(18) COLOR OR RACE

~~010 NORTHPLACE~~

(19) **OCCUPATION**

(17) AGE AT LAST BIRTHDAY...

• **Don't** use a **bullet** for **every** point.

22. Number of children born to mother, including present birth

(71) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(28) I hereby certify that I attended the birth of this child, who was at
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 supplement-
in) report

(20) Witness

(Signature of Witness necessary only
when question 33 is signed by mark)

(27) Filed

19

50

Local Register

*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.