

19 _____ (27) Filed _____ 19____

Registrar _____

On 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

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the study. The next step is to collect data. This is done by the investigator who is responsible for the study. The next step is to analyze the data. This is done by the investigator who is responsible for the study. The next step is to interpret the results. This is done by the investigator who is responsible for the study. The next step is to draw conclusions. This is done by the investigator who is responsible for the study. The next step is to report the findings. This is done by the investigator who is responsible for the study. The next step is to discuss the implications. This is done by the investigator who is responsible for the study. The next step is to recommend further research. This is done by the investigator who is responsible for the study. The next step is to conclude the study. This is done by the investigator who is responsible for the study.

6634

Registered No.
(For use of Local Registrar)

...St.; Ward)

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

DATE OF BIRTH 06 17 1920
(Same of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Lina H. Green*

(18) PRESENT POSTOFFICE OF MOTHER Harrods

(16) COLOR OR RACE *(b)(6)*

(17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE

(19) 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, 4400 E. 1st St., Detroit, Mich. at 11:00 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John G. ...
(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 *1/11/19* Local Registrar.

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