

X

State Board of Health

Registered No. 21  
(For use of Local Registrar)

(No. .... St.) ..... Ward

**r. institution, give name of same instead of street and number.)**

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

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supplemental report as directed**

DATE OF BIRTH Nov 6 1923

## NOTES

(10) NAME BEFORE MARRIAGE Edla Brown

(10) **DEPARTMENT OF JUSTICE** *Danforth's Vol*

(10) COLOR *black* (11) AGE AT LAST 23  
DEATH DATE *1940* BIRTHDAY .....

(10) DATE 7-1-1962

(7) Occupation Housewife

(7) Number of editions of this writing 1 2  
new books, pamphlets, etc.

(28) I hereby certify that I attended the birth of this child, who was Ann Abies.....at 10 P. M.  
on the date above stated. 8. (Name of mother) (Name of father)

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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(20) Witness ..... Kerrille Brown .....  
(Signature of Witness necessary only  
when question is signed by mark)

19  
Mar 1968

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
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.