

File No.—For State Registrar Only

41672

**Bureau of Vital Statistics
State Board of Health**

Registration District No. 1203

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

MOTHER

Busby L. R. #1

(17) AGE AT LAST BIRTHDAY... 40

AGE *S.E.*

OCCUPATION
Housewife

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

(23) (Signature)

(24) State whether Physician or Midwife

(26) 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)

END

(28)

Local Executive:

*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.