

County of S. J. Anderson
Township of North
or
Inc. Town of
or
City of Minneapolis
if birth occurs in a hospital or

Registration District No. 70002

9107

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child William D. Foster child is not yet named, make supplemental report as directed

3. ~~BOY~~ OR
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents

(7) DATE OF

BIRTH Feb 0 19 22
(Name of Month) (Day) (Year)

8) FULL NAME

3) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(11) AGE AT LAST BIRTHDAY 17
(12-75)

12 BIRTHPLACE

...the ...

13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(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 John James at St. Louis, Mo.
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 physical or legal life

Given name added from a supplement-
al report

(20) Witnesses

(Signature of Witness necessary when question 23 is signed) _____

(2) Flow

Local Reprints

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.