

FAMILY NAME  
DOWN-ROAD  
THE DOWN-ROAD  
CITY

Full Name of Child

DATE OF BIRTH  
PLACE OF BIRTH  
SEX

FATHER'S NAME  
MOTHER'S NAME

PRESENT RESIDENCE  
DATE

AGE  
SEX AT LAST BIRTHDAY

DATE OF BIRTH  
PLACE

OCCUPATION  
Farmer

Number of children born to  
Mother including present birth

CERTIFICATE OF ATTENDING PHYSICIAN (to be filled in)

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

(24) State whether Obstetrician, Midwife, or Physician

Given name added from a supplemental report  
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(25) Witness

(26) Date of Birth  
John E. Thomas

When a child is born, the attending physician or midwife, then the father, husband or other person who makes the birth report, shall declare under oath that the child was born alive, and that it was born at the place and on the date stated, and that it was born at the place and on the date stated, and that it was born at the place and on the date stated.