

(1) PLACE OF BIRTH

County of _____

Township of

Inc. Town of

City

of (No. St. Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin of Triplet?

(5) Number in order of birth

(6) **Are**

(7) DATE OF

(Name of Month) (Day) (Year)

FATHER

(F) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER:

(10) COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(19) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY -

15 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 alone at 3 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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Register

(20) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Feb. 16, 1922 (28) N. W. Leawright

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.

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