

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

## (2) Full Name of Child

(3) SEX OR  
SEX(4) Twin  
or Triplet?(5) Number in  
order of birth(6) DATE OF  
BIRTH(7) DATE OF  
BIRTH(8) DATE OF  
BIRTH(9) FULL  
NAME(10) PRESENT  
POSTOFFICE  
OF FATHER(11) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER

MOTHER

(15) NAME BEFORE  
MARRIAGE(16) PRESENT  
POSTOFFICE  
OF MOTHER(17) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement  
report

(25) Witness

(Signature of Witness necessary only  
when question 21 is signed by mark)

(26) File

(27) File

(28) File

(29) File

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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