

File No.—For State Registrar Only
28878

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of.....

City of is a hospital of

Registration District No. 400

Registered No.
(For use of Local Registrar)

(No. St.; Ward)
 (Use name of same instead of street and number.)

(2) **Full Name of Child**

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(8) Are Parents Married?

(7) DATE OF BIRTH..... 9/10/22
(Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME**

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(11) AGE AT LAST BIRTHDAY.....44
(1943)

(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

(20) Number of children born to mother, 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.)

J. D. Matron

..... at M.,
..... at Physician or Midwife

(23) (Signature)

(24) State whether

Branch or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(28) **Witness**

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

(27) Filed

(29)..... Local Registrar.

..... 19
Registrar

....., 19.....
Registrar

(27) Filed 19..... Local Registrar

*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.