

County of El Paso
Township of El Paso
or
Inc. Town of.....
or
City of

Registration District No. 3604 Registered No. 76
(For use of Local Registrar)

~~31610~~

Registered No. 76
(For use of Local Registrar)

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

If child is not yet named, make supplemental report as directed

7) BOY OR GIRL? *Boy* (4) Twin or Triplet? *1* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH..... *10-10-62*
(Name of Month) (Day) (Year)

FATHER.

7) FULL NAME Frank Hook

8) PRESENT POSTOFFICE OF FATHER Home Bk.

10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Year)

12) BIRTHPLACE Occupational

13) OCCUPATION Housewife

14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Beach

(15) PRESENT POSTOFFICE OF MOTHER Leontia

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Albany, New York

(19) OCCUPATION Teacher

(21) Number of children of this mother now living, including present birth 1

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.)

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

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only
when question 33 is signed by mark)

(27) Filed Aug 20 1977. (28) 11:15 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.