

File No.—For State Registrar Only

17673

**State Board of Health**

Township of 2. S. E. 1. R. 1. E. 1. N.

or

Inc. Town of .....

05

City of .....

Registration District No. 701..... Registered No. 39.....  
(For use of Local Registrar)

(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 Robert Martin Harmon If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

4) Twin  
or Triple?

(5) Number in order of birth

(5) Are Parents Married?

(7) DATE OF

BIRTH... 1927  
(Name of Month) (Day) (Year)

# FATHER.

**MOTHER**

87 FULL  
NAME

(14) NAME BEFORE MARRIAGE

87 PRESENT  
POSTOFFICE  
OF FATHER

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(17) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(18) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY...

12 BIRTHPLACE

(18) BIRTHPLACE

13 OCCUPATION

(19) OCCUPATION

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

(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 ..... 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 supplement-  
tal report

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

(27) Filed July 16, 1922 (28) 12 J. J. Arnold  
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.