

City of \_\_\_\_\_  
If birth occurs in a hospital or

**State Board of Health**

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(For use of Local Registrar)

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

(2) Full Name of Child.....Cook.....

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

(21) Number of children of this mother now living, including present birth } ..... /

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

(Signature of Witness necessary only  
when question 28 is signed by mark)

(27) Filed 1/14/1914 3 (28) J.H. Campbell  
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.

11-10-68  
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