

## File No.—For State Registrar Only

~~30125~~

Registered No. 564

(For use of Local Registrar)

(No.

St.; D. M. A. (N. Ward)

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

## supplemental report on objections

**BIRTH**

# MOTHER

(14) NAME BEFORE MARRIAGE *Hanni Gads*

(16) PRESENT POSTOFFICE OF MOTHER *#10 never S.B.*

(16) COLOR OR RACE *Color* (17) AGE AT LAST BIRTHDAY... *25* ..... (Years)

(18) BIRTHPLACE *Florence*

(10) OCCUPATION  
*Domestic*

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

(22) I hereby certify that I attended the birth of this child, who was: John Joseph Male  
on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Hermon W. Hight

(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)

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

19  
Registrar

124) Filed ... 1/19/20 ... Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.