

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

City of

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

(2) Full Name of Child

(3) SEX OF CHILD

Boy or Girl

(4) Type or Figure

(5) Number by order of birth

(6) Date of birth

(7) Month of birth

Day of birth

(8) Full name

(9) Present residence of father

(10) Color of skin

(11) Birthplace

(12) Occupation

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

MOTHER

(14) Full name

(15) Present residence of mother

(16) Color of skin

(17) Birthplace

(18) Occupation

(19) Number of children of mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

Given name added from a supplemental report

(23) Witness

(Signature of witness necessary only when question (22) is signed by mother)

(24) Date

(25) 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.