

NOTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Q. 11.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

File No.—For State Registrar Only

31983

State Board of Health

Registration District No. 3800

Registered No. 112
(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.)

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

3) BOY OR GIRL <i>girl</i>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>Sept. 13, 22</i>
To be answered only in event of Twins or Triplets				
(Name of Month) (Day) (Year)				

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE Elvie Hoffman

(15) PRESENT POSTOFFICE OF MOTHER *College Place*

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *23*
(Year)

(18) BIRTHPLACE *Richmond, Va.*

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

(19) OCCUPATION
House wife

(21) Number of children of this mother now living, including present birth 02

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....*Alvin*.....at.....*10*.....M.
on the date above stated. *2* (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 14 1922 (28) Wm M Lean
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.