

## (1) PLACE OF BIRTH

County of .....

Township of Waukegan

Inc. Town of.....

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**

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents

(7) DATE OF 1 / 21 / 73

BIRTH Feb 20 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) **FULL NAME**

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.....

**(12) BIRTHPLACE**

13) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
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 supplemental report

(28) Witness

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

(27) Filed

(28) .....  
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.