

Form No. 6

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.

**MEDICAL DEPARTMENT OF COLUMBIA UNIVERSITY, N. Y.**

**(2) Full Name of Child**

(3) BOY OR GIRL? girl (4) Twin or Triplet? 3  
To be answered only if

(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 Alva at 8:39 M.  
on the date above stated. 1/5/19 (Born alive or stillborn) (Hour A. M. or P. M.)

(28) Signature [Signature]  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

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\*\*\*\*\* 19 \*\*\*\*\*  
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.

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Registration District No. .... Registered No. ....  
(For use of Local Registrar)  
(No. .... St.; .... Ward)  
(If no street or number, give name of same instead of street and number.)

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

Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 09-30-22  
(Name of Month) (Day) (Year)

en

23

\*\*\*\*\*  
(Years)

MOTHER

(14) NAME BEFORE MARRIAGE *Edwille Rose Infante*

(15) PRESENT POSTOFFICE OF MOTHER *St. John St*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *22*  
\*\*\*\*\*  
(Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Armenian*

(21) Number of children of this mother now living, including present birth *2*  
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ATTENDING PHYSICIAN OR MIDWIFE: *839*  
 birth of this child, who was *Alva* at *839* M.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(Signature) W. S. Walker MD  
 State whether Physician or Midwife | (25) Address of Physician or Midwife

AP UNLSC

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

(27) Filed \*\*\*\*\*19 \*\*\* (28) \*\*\*\*\*  
Local Director

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