

State Board of Health

8894

(If birth occurs in a hospital) o

Registered No.

(For use of Local Reistrar)

(No. St.; Ward)

(2) Full Name of Child... *Arthur... Moody*

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

(7) DATE OF BIRTH Aug 14, 1916
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Mrs. A. R. La Cour*

(15) PRESENT
POSTOFFICE
OF MOTHER 

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
(Years)

(18) BIRTHPLACE NY

(19) OCCUPATION Housewife

(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(23) (Signature) _____

(24) State whether Physician or Midwife _____ (25) 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

.191.

(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.

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.