

MARGIN RESERVING YOUR FINDINGS.

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

IN IT.—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 6.

(2) Full Name of Child.....William Stacey.....

State Board of Health

45009

(No. .... St.; ..... Ward)  
(Name of owner instead of street and number.)

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

To be answered only in event of Twin or Triplet

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Dec 10 1968  
(Name of Month) (Day) (Year)

**FATHER.**

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

\_\_\_\_\_ Wille of ... \_\_\_\_\_

(21) Number of children of this mother now living, including present birth ..... 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....  
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Medium 2 P. M. 1.

Given name added from a supplemental report

(28) Witness ..... (Signature of Witness necessary only  
when question 22 is signed by mark)

(37) Filed 1/7/4 ..... 1915 (38) ..... J. H. Miller  
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.