

File No. — For State Registrar Only
48548

County of _____

Township of

Inc. Town of

(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) DA
BIRTE

TR 9

FATHERS

MOTHER

(8) FULL
NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(II) AGE AT L

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(17) AGE AT LAST OBSERVATION: 1941

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White sex Male at 5:00 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(28) (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

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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 report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.