

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

1. Sex

2. Date of Birth

3. Time of Birth

4. Place of Birth

5. Name of Father

6. Name of Mother

7. Present Postoffice of Father

8. Color or Race of Father

9. Age at Last Birthday of Father

10. Birthplace of Father

11. Occupation of Father

12. Number of children born to mother, including present birth

13. Name of Mother

14. Name before Marriage of Mother

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