

**(2) Full Name of Child**

SEX <input checked="" type="checkbox"/> Girl <input type="checkbox"/> Boy	DATE OF BIRTH <u>Jan 9</u>	TIME <u>10:30</u>
FATHER		
NAME <u>Jackson Mundough</u>		
NAME <u>Eberhardt S. L.</u>		
GRADE <u>Col</u>	AGE <u>4</u>	
OCCUPATION <u>Fanner</u>		
DATE OF BIRTH <u>Jan 9</u>		
MOTHER		
NAME <u>Minnie Weiss</u>		
NAME <u>Eberhardt S. L.</u>		
GRADE <u>Col</u>	AGE <u>4</u>	
OCCUPATION <u>Housewife</u>		
DATE OF BIRTH <u>Jan 9</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(28) I hereby certify that I attended the birth of this child, who was... born alive ...  
on the date above stated. (Born alive or stillborn) (Sex & M. or F.)

(29) (Signature) Martha Johnson

(30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Eberhardt S. L.

Given name added from a systematic report

(32) Witness (Signature of Witness) Jan 17 1944

(33) Date Jan 17 1944

When there was no attending physician or midwife, the birth of a child should be reported to the health department as soon as possible.