

JUST-HORN, No. 1, THE OTHER, No. 2, etc., in question 6.

City of _____
 If birth occurs in a hospital _____

State Board of Health

29245

(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(7) DATE OF

BIRTH, (Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE: *Mollie R. [unclear]*

(15) PRESENT POSTOFFICE OF MOTHER 179 84th St. C. 17

(11) ~~AGE AT LAST~~ BIRTHDAY 34

(17) AGE AT LAST BIRTHDAY..... 34

(18) BIRTHPLACE *Poland*

(19) OCCUPATION *Domestic*

20) Number of children born to mother, including present birth { 13

(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 Sept 15 1922 at 240 St. Andrews & Thibodaux La.
on the date above stated. John A. M. (Hour A. M. or P. M.)

(23) (Signature) Myra Ferguson

(14) Physician or Midwife

(23) Address of Physic - or Nurse

Given name added from a supplement
report.

(25) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 9/20 19 22 (28) Merced, Nevada
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.