

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

(3) SEX OR

CHILD

(4) Twin

or Triplet

(5) Stillborn

or other

(6) Are

Parents

(7) DATE OF

BIRTH

(8) Registered No.

(For use of Local Registrar)

(9) FULL

NAME

FATHER.

(10) PRESENT

RESIDENCE

OF FATHER

(11) COLOR

OR

RACE

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to

mother, including present birth

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

RESIDENCE

OF MOTHER

(16) COLOR

OR

RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother

now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was, born alive, 79 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether

Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement

report

(24) Witness

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

(25) Filed

(26) 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.