

File No.—For State Registrar Only

84240

red No. 48
(For use of Local Registrar)

Inc. Town of Registration District No. 3013 Registered No. 48
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Calvin Leroy Oster* .. } If child is not yet named, make supplemental report as directed

(6) BOY OR GIRL? Girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 9 1971
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(3) FULL NAME	<i>D James Carter</i>	(14) NAME BEFORE MARRIAGE	<i>Ala E. Carter</i>

(9) PRESENT POSTOFFICE OF MOTHER *Amherst, Mass.*

(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY
Color	24 (Years)	Color	23 (Years)

(12) BIRTHPLACE	Mont no	(18) BIRTHPLACE	Mont no
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(13) OCCUPATION	(19) OCCUPATION
Hammering	Shoe making

(20) Number of children born to mother, including present birth { 12 (21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white (at 12 (Born alive or stillborn) (Hour A. M. or P. M. 11 on the date above stated.

(23) (Signature) [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 *Oct 4* 191*4* (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.