

4180

State Board of Health

Registered No.
(For use of Local Registrar)

(No. St. Ward)

(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. July 25 1923

MOTHER.

(14) NAME BEFORE MARRIAGE *Carrie Docter*

(16) PRESENT POSTOFFICE OF BROTHER *Lummas* 27

(16) COLOR ON FACE *Cold* (17) AGE AT LAST BIRTHDAY *18*

NAME	DATE
(10) BIRTHPLACE	

(10) OCCUPATION _____

(71) Number of children of this mother now living, including present birth

(20) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. *C* *P* *Q* *R* *S* *T* *U* *V* *W* *X* *Y* *Z* *AA* *AB* *AC* *AD* *AE* *AF* *AG* *AH* *AI* *AJ* *AK* *AL* *AM* *AN* *AO* *AP* *AQ* *AR* *AS* *AT* *AU* *AV* *AW* *AX* *AY* *AZ* *BA* *BB* *BC* *BD* *BE* *BF* *BG* *BH* *BI* *BJ* *BK* *BL* *BM* *BN* *BO* *BP* *BQ* *BR* *BS* *BT* *BU* *BV* *BW* *BX* *BY* *BZ* *CA* *CB* *CC* *CD* *CE* *CF* *CG* *CH* *CI* *CJ* *CK* *CL* *CM* *CN* *CO* *CP* *CQ* *CR* *CS* *CT* *CU* *CV* *CW* *CX* *CY* *CZ* *DA* *DB* *DC* *DD* *DE* *DF* *DG* *DH* *DI* *DJ* *DK* *DL* *DM* *DN* *DO* *DP* *DQ* *DR* *DS* *DT* *DU* *DV* *DW* *DX* *DY* *DZ* *EA* *EB* *EC* *ED* *EE* *EF* *EG* *EH* *EI* *EJ* *EK* *EL* *EM* *EN* *EO* *EP* *EQ* *ER* *ES* *ET* *EU* *EV* *EW* *EX* *EY* *EZ* *FA* *FB* *FC* *FD* *FE* *FF* *FG* *FH* *FI* *FJ* *FK* *FL* *FM* *FN* *FO* *FP* *FQ* *FR* *FS* *FT* *FU* *FV* *FW* *FX* *FY* *FZ* *GA* *GB* *GC* *GD* *GE* *GF* *GG* *GH* *GI* *GJ* *GK* *GL* *GM* *GN* *GO* *GP* *GQ* *GR* *GS* *GT* *GU* *GV* *GW* *GX* *GY* *GZ* *HA* *HB* *HC* *HD* *HE* *HF* *HG* *HH* *HI* *HJ* *HK* *HL* *HM* *HN* *HO* *HP* *HQ* *HR* *HS* *HT* *HU* *HV* *HW* *HX* *HY* *HZ* *IA* *IB* *IC* *ID* *IE* *IF* *IG* *IH* *II* *IJ* *IK* *IL* *IM* *IN* *IO* *IP* *IQ* *IR* *IS* *IT* *IU* *IV* *IW* *IX* *IY* *IZ* *JA* *JB* *JC* *JD* *JE* *JF* *JG* *JH* *JI* *JJ* *JK* *JL* *JM* *JN* *JO* *JP* *JQ* *JR* *JS* *JT* *JU* *JV* *JW* *JX* *JY* *JZ* *KA* *KB* *KC* *KD* *KE* *KF* *KG* *KH* *KI* *KJ* *KL* *KM* *KN* *KO* *KP* *KQ* *KR* *KS* *KT* *KU* *KV* *KW* *KX* *KY* *KZ* *LA* *LB* *LC* *LD* *LE* *LF* *LG* *LH* *LI* *LJ* *LK* *LL* *LM* *LN* *LO* *LP* *LQ* *LR* *LS* *LT* *LU* *LV* *LW* *LX* *LY* *LZ* *MA* *MB* *MC* *MD* *ME* *MF* *MG* *MH* *MI* *MJ* *MK* *ML* *MM* *MN* *MO* *MP* *MQ* *MR* *MS* *MT* *MU* *MV* *MW* *MX* *MY* *MZ* *NA* *NB* *NC* *ND* *NE* *NF* *NG* *NH* *NI* *NJ* *NK* *NL* *NM* *NN* *NO* *NP* *NQ* *NR* *NS* *NT* *NU* *NV* *NW* *NX* *NY* *NZ* *OA* *OB* *OC* *OD* *OE* *OF* *OG* *OH* *OI* *OJ* *OK* *OL* *OM* *ON* *OO* *OP* *OQ* *OR* *OS* *OT* *OU* *OV* *OW* *OX* *OY* *OZ* *PA* *PB* *PC* *PD* *PE* *PF* *PG* *PH* *PI* *PJ* *PK* *PL* *PM* *PN* *PO* *PP* *PQ* *PR* *PS* *PT* *PU* *PV* *PW* *PX* *PY* *PZ* *QA* *QB* *QC* *QD* *QE* *QF* *QG* *QH* *QI* *QJ* *QK* *QL* *QM* *QN* *QO* *QP* *QQ* *QR* *QS* *QT* *QU* *QV* *QW* *QX* *QY* *QZ* *RA* *RB* *RC* *RD* *RE* *RF* *RG* *RH* *RI* *RJ* *RK* *RL* *RM* *RN* *RO* *RP* *RQ* *RR* *RS* *RT* *RU* *RV* *RW* *RX* *RY* *RZ* *SA* *SB* *SC* *SD* *SE* *SF* *SG* *SH* *SI* *SJ* *SK* *SL* *SM* *SN* *SO* *SP* *SQ* *SR* *SS* *ST* *SU* *SV* *SW* *SX* *SY* *SZ* *TA* *TB* *TC* *TD* *TE* *TF* *TG* *TH* *TI* *TJ* *TK* *TL* *TM* *TN* *TO* *TP* *TQ* *TR* *TS* *TT* *TU* *TV* *TW* *TX* *TY* *TZ* *UA* *UB* *UC* *UD* *UE* *UF* *UG* *UH* *UI* *UJ* *UK* *UL* *UM* *UN* *UO* *UP* *UQ* *UR* *US* *UT* *UU* *UV* *UW* *UX* *UY* *UZ* *VA* *VB* *VC* *VD* *VE* *VF* *VG* *VH* *VI* *VJ* *VK* *VL* *VM* *VN* *VO* *VP* *VQ* *VR* *VS* *VT* *VU* *VV* *VW</*

(20) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) ~~W~~

Signature of witness necessary only
when question 22 is signed by mark

(28) *Flanagan*
Local Registrar.

*When there was no attending physician, midwife, nurse, or other person, the mother, father, or other person, should make this return. If a child breathes even once, the report is desired of stillbirths.