

File No.—For State Registrar Only
58502

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State Board of Health

Registration District No. 204

Registered No. 83

(For use of Local Registrar)

(No. St.; Ward)
(For use of Local Registrar)
other institution, give name of same instead of street and number.)

(2) Full Name of Child Karlson Ahlson

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

BOY OR GIRL? *Girl*

(4) Twin or Triplet? ☒

(5) Number in order of birth

(6) Are Parents Married? *ye*

(7) DATE Apr 22 1964

(Name of Month) (Day), 191—
(Year)

FATHER.

MOTHER

(8) FULL NAME Norm Elliott Jefferson

(14) NAME BEFORE MARRIAGE *Gene Campbell*

(9) PRESENT POSTOFFICE OF FATHER *La 56*

(15) PRESENT POSTOFFICE OF MOTHER *1745 E. 15th*

(10) COLOR OR RACE	Blair	(11) AGE AT LAST BIRTHDAY	83
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(16) COLOR OR HAIR Blond (17) AGE AT LAST BIRTHDAY 33

(12) BIRTHPLACE *Andover, Mass.*

(18) BIRTHPLACE

(13) OCCUPATION Teacher

(19) OCCUPATION

(20) Number of children born to: 2

(21) Number of children: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 11 on the date above stated.

(23) (Signature) Wm C. Walton

(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 June 1 1916 (28) D. M. McLean
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.

Registrar _____ Local Registrar _____

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