

1. PLACE OF BIRTH

County of

Township of

or
Inc. Townor
City of

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

Registration District No.

Registered No. 1625
(For use of Local Registrar)

2. FULL NAME OF CHILD

1. BOY OR GIRL

2. Twin or Triplet

3. Number in order of birth

4. Name of child

5. Name of child

6. Name of child

7. Name of child

8. Name of child

9. Name of child

10. Name of child

11. Name of child

12. Name of child

13. Name of child

14. Name of child

15. Name of child

16. Name of child

17. Name of child

18. Name of child

19. Name of child

20. Name of child

21. Name of child

22. Name of child

23. Name of child

24. Name of child

25. Name of child

26. Name of child

27. Name of child

28. Name of child

29. Name of child

30. Name of child

To be answered only in event of Twin or Triplets

FATHER

FULL NAME

PRESENT POSTOFFICE

FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

20. Number of children born to mother, including present birth

21. AGE AT LAST BIRTHDAY

22. AGE AT LAST BIRTHDAY

23. AGE AT LAST BIRTHDAY

24. AGE AT LAST BIRTHDAY

25. AGE AT LAST BIRTHDAY

26. AGE AT LAST BIRTHDAY

27. AGE AT LAST BIRTHDAY

28. AGE AT LAST BIRTHDAY

29. AGE AT LAST BIRTHDAY

30. AGE AT LAST BIRTHDAY

31. AGE AT LAST BIRTHDAY

32. AGE AT LAST BIRTHDAY

33. AGE AT LAST BIRTHDAY

34. AGE AT LAST BIRTHDAY

35. AGE AT LAST BIRTHDAY

36. AGE AT LAST BIRTHDAY

37. AGE AT LAST BIRTHDAY

38. AGE AT LAST BIRTHDAY

39. AGE AT LAST BIRTHDAY

40. AGE AT LAST BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2. I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

23. Signature

24. State whether Physician or Midwife

25. State whether Physician or Midwife

Given name added from a supplemental report

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Registrar

26.

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

27. Filed

Nov. 6

1923

When there was no attending physician or midwife, then no report is required, but if child breathes even once, it must not be reported as stillborn. No report is required of a stillborn child.