

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
State Board of Health

512

136

Report of ...

Registration District No. ... Registered No. ...  
(For use of Local Registrar)  
Full Name of Child ...  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child ...  
If child is not yet named, make supplemental report as directed

(1) SEX Male	(2) TYPE or Report? <input checked="" type="checkbox"/>	(3) NUMBER IN order of birth 3	(4) AGE Parent's Married	(5) DATE BIRTH
FATHER Full Name Laurence A. Blair		MOTHER Full Name Mary Ann Johnson		
PRESENT RESIDENCE OF FATHER Chas SC		PRESENT RESIDENCE OF MOTHER Chas SC		
(6) COLOR OR RACE W	(7) AGE AT LAST BIRTHDAY 29	(8) COLOR OR RACE W	(9) AGE AT LAST BIRTHDAY 25	
(10) BIRTHPLACE Chas SC		(11) BIRTHPLACE Chas SC		
(12) OCCUPATION Book-keeper		(13) OCCUPATION Domestic		
(14) Number of children born to mother, including present birth 3		(15) Number of children of this mother now living, including present birth 3		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child who was ... at ...  
on the date above stated. (Hour A. M. or P. M.)

(17) (Signature) ...  
(18) State whether Physician or Midwife ...  
(19) Address of Physician or Midwife ...

Given name ... from a supplement-  
tal report  
10/5/74  
M. B. Woodward, M.D.  
Registrar

(20) Witness ...  
(Signature of Witness necessary only  
when question 23 is signed by mark)  
(21) Filed 1/20/75  
(22) ...

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.