

23985

Registered No. 07.....
(For use of Local Registrar)

(2) Full Name of Child Mark Taylor If child is not yet named, make supplemental report as directed

FULL NAME NORTH CAROLAS	FATHER NORTH CAROLAS	MOTHER NORTH CAROLAS
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100 FOREST SERVICE OF IOWA

(10) COLOR OF HAIR *Black* (11) AGE AT LAST BIRTHDAY *25* (12) COLOR OF EYES *Blue* (13) AGE AT LAST BIRTHDAY *25*

(U) BIRTHPLACE (U) BIRTHPLACE

(1) OCCUPATION	(1) OCCUPATION
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<u>Printer</u>	<u>Housekeeping</u>
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(26) Number of children born to mother, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____, M.
on the date above stated. (Signature of Midwife) (Hour A. M. or P. M.)

(26)	(Signature)	<u>[Signature]</u>	(28)	Address of Physic.	<u>[Address]</u>
(24)	State whether Physician or Midwife	<u>Physician</u>	(29)	Address of Patient	<u>[Address]</u>

Given name added from a supplemental report

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

(27) Filed 9/10/2023 (20) 23-2011

*When there was no attending physician or midwife, then the father, household head, or other person must be reported as stillborn. No report is required if a child breathes even once, or if the child is born at any time before the fifth month of pregnancy.