

Sec. 12. That the birth of each and every child born in this State shall be registered in accordance with the provisions of this act, and within ten days after the date of such birth, the person having knowledge of such birth shall file in the office of the registrar of the district in which the birth occurred a certificate of such birth, which certificate shall be upon the form adopted by the State Board of Health with a view of procuring a full and accurate report with respect to each item of information enumerated in section four of this act.

In each case where a physician, midwife, or person acting as midwife was in attendance upon the birth, he shall file the duly completed certificate of birth with the registrar of the district in which the birth occurred, and in the event of a birth occurring in a place where no physician, midwife, or person acting as midwife was in attendance upon the birth, the certificate of birth shall be filed in the office of the registrar of the district in which the birth occurred, by the person having knowledge of such birth.

PLACE OF BIRTH

County

Township

Town

City

Registration District No.

(No.)

Certificate No.

St.

Ward

FULL NAME OF CHILD

Boy
GirlTwin, triplet
or other?Number in order
of birth
(Do not be answered only in event of plural births)Parents
married?Date of
birth

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

EDUCATIONAL
ATTAINMENTSEDUCATIONAL
ATTAINMENTS

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

Number of children of this mother now living.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Born alive or Stillborn)

at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or Midwife)

Given name added from a supplemental report

with address

Campbell S.C.R.
313 Lock