

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

(2) Full Name of Child

File No. For State Registrar Only

56287

Registered No. 22
(For use of Local Registrar)

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *11-29-16*
 To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME *M. W. Martin* (9) NAME BEFORE MARRIAGE *Ellen Richardson*
 (10) PRESENT POSTOFFICE OF FATHER *Dorchester* (11) PRESENT POSTOFFICE OF MOTHER *Dorchester*
 (12) COLOR OR RACE *White* (13) AGE AT LAST BIRTHDAY *35* (14) COLOR OR RACE *White* (15) AGE AT LAST BIRTHDAY *25*
 (16) BIRTHPLACE *Horny Cote* (17) BIRTHPLACE *Marian C. H.*
 (18) OCCUPATION *Farming* (19) OCCUPATION *Housewife*
 (20) Number of children born to mother, including present birth *Six* (21) Number of children of this mother now living, including present birth *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at *Dorchester* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Nov 3 1916
Cornwall
Dr. J. H. Leland Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

11-29-16

(28)

C. J. Leland 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.

MAKING UNRECORDED SOIL TRIMMING.
 THESE PLANTS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 State of Columbia