

23068

**or**

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

John Hudson Smith

7144 5-22

\_\_\_\_ (Month) \_\_\_\_ (Day) \_\_\_\_ (Year)

**MOTHER.**

Hacey Rickard

Je kien fan Ho

19  
.....  
(Years)

PLACE

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.....

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 M.,  
on the date above stated. 1/2 (Born alive or stillborn) (Hour A. M. or P. M.)

\_\_\_\_\_

(23) Address of Physician or Midwife

(28) ~~Witness~~

(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed 5

(27) Filed 10/22/22 (28) Mrs. C. C. Jay  
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.

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