

**(2) Full Name of Child**

Registration District No. 1446

File No.—For State Highway Dist.  
**9780**

Registered No. 94  
(For use of Local Registrar)

(No. ....St.) .....Ward,  
(Institution, give name of same instead of street and number.)

**If child is not yet named, make  
supplemental report as directed.**

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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Alvin at 1:30 M.  
on the date above stated. (Born alive or stillborn?) (Hour, Min. or P. M.)

(20) (Monetary)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife:

Given name added from a supplemental report

(b) (5) DPP, (b) (5) ACP

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

(27) ~~FILED~~

[illegible]

(20) Local Register

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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