

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 township)

(2) Full Name of Child

(a) BOY OR
GIRL?(b) Twin
or triplet?(c) Number in
order of birth(d) Age
Months(e) DATE OF
BIRTH(6) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth(16) NAME BEFORE
MARRIAGE(17) PRESENT
POSTOFFICE
OF MOTHER(18) COLOR
OR
RACE(19) AGE AT LAST
BIRTHDAY

(20) BIRTHPLACE

(21) OCCUPATION

(22) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Physician

(28) Midwife

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 at stillbirths during the fifth month of pregnancy.

MARGIN RESERVED FOR "MINOR" RECORD.
OTHER PLAIN, WITH DEDICATING INTENT, THIS IS A "MINOR" 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 2.
City of Columbia