

File No.—For State Registrar Only

~~30552~~

(For use of Local Registrar)

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

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

MOTHER.

(21) Number of children of this mother now living, including present birth 4

(25) (Signature) [Signature]
(24) State whether Physician or Midwife (26) Address of Physician or Midwife

(27) Filed Exh 1 1923 (28) SH 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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