

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of.....

City of

City of (No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mal. June Rose If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL? BOY	(6) Twin or Triplet? No	(5) Number in order of birth 1	(8) Are Parents Married? Yes	(7) DATE OF BIRTH June 22 1933 (Name of Month) (Day) (Year)
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FATHER. **MOTHER.**

(14) NAME BEFORE MARRIAGE Alice Smith

9. PRESENT POSTOFFICE

(10) COLOR (11) AGE AT LAST (12) AGE AT LAST

17. COLUMN ON RACE 1000000

BIRTHDAY 1000000 (Year)

ON RACE 1000000

(18) BIRTHPLACE 1000000

1b. BIRTHPLACE 3 1920-11-15-1940 1941-1945

13. OCCUPATION Student

Lesson 10

29. Number of children born to mother, including present birth 0 (71) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was At M.

(Signature) [Signature]

(23)	(Signature)	(24)	Address of Physician or Midwife
(24)	State whether	Physician or Midwife	Address of Physician or Midwife

Given name added from a supplement.

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

19 (37) Filed 11-27-23. (28) 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.