

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of place of birth)

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is he or she a twin or triplet?

(5) Number in order at birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Month and Day and Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present child

(15) NAME OF MOTHER

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present child

CERTIFICATE OF APPENDING PERSONAL OR MEDICAL

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

Given under my hand and seal of office this 14th day of June 1916.

(22) Signature of Registrar

(23) Signature of Midwife

(24) Signature of Physician

(25) Signature of Nurse

(26) Signature of Doctor

(27) Signature of Health Officer

(28) Signature of Registrar

(29) Signature of Midwife

(30) Signature of Physician

(31) Signature of Nurse

(32) Signature of Doctor

(33) Signature of Health Officer

(34) Signature of Registrar

(35) Signature of Midwife

(36) Signature of Physician

(37) Signature of Nurse

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