

41230

Registered No. 1870  
(For use of Local Registrar)

Registration District No. 9A Registered No. 1870  
(For use of Local Registrar)

(No. 37 Cooper St. St.; ..... Ward,  
Institution, give name of same instead of street and number.)

(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)

(7) DATE OF BIRTH. Dec 19 20  
(Name of Month) (Day) (Year)

**MOTHER.**

(14) NAME BEFORE MARRIAGE Barbara Kayne

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE C. (17) AGE AT LAST BIRTHDAY..... 25 (Years)

(18) BIRTHPLACE

(10) OCCUPATION

(21) 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 Alive at Pa. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) James E. Smith  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1414 1/2 E. 1st St. Salt Lake City

(24) State whether Physician or Midwife Physician (25) Address of 14 Blaine St.

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

(27) Filed 1/2/19 Local Registrar.

....., 19..... (27) ..... Registrar

\*When there was no attending physician or midwife, then the father, household, 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.