

File No.—For State Registrar Only

17703

**State Board of Health**

Registration District No. 705

Registered No. 61  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Charlita Brown If child is not yet named, make supplemental report as directed

(7) DATE OF BIRTH June 26, 22  
(Name of Month) (Day) (Year)

**MOTHER.**

FATHER.  
Princess Brown

Winnie Brown

Princeton

Priverille

11

(11) AGE AT LAST BIRTHDAY.....40

2222

(17) AGE AT LAST BIRTHDAY.....29.....  
(Year)

~~Princeton~~

Princeton

~~Garrison~~

Garrison

20) Number of children born to mother, including present birth

(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 Born alive at 70 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

**(28) Witnesses**

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

(27) Filed *June 27, 1924.*

(28). *Alfalfa* .....

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.