

## 3149

Registered No. .... 7 .....  
(For use of Local Registrar)

Registration District No. 404 Registered No. 7  
(For use of Local Registrar)

(No. .... St: ..... Ward)

(2) Full Name of Child

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

3 BOY OR -  
GIRL?

(4) **Twice or Trips?**

(5) Number in order of birth

(8) Are Parents Married? *Yes*

(7) DATE OF

BIRTH Feb 11 1922

**FATHER.**

8) FULL  
NAME

9: PRESENT  
POSTOFFICE  
OF FATHER

10 COLOR

19 BIRTHPLACE

13 OCCUPATION

25: Number of children born to mother including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was, John Brown at St. Louis, Mo.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated. John Brown

(23) (Signature)

(24) State whether

Physician or Midwife

Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report.

(24) Wickham

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

(37)

(27) Filed 7/20/19 (28) ..... Local Registrar

(27) Filed 7/20/19 (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.

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.