

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child

Sex

Type or Triple

Number in order of birth

Is the child born alive?

DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

MOTHER

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn) Hour A. M. or P. M.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplementary report

(27) Witness

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

19... Registrar

(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 sixth month of pregnancy.