

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

2) Full Name of Child

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Age  
Parent(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL  
NAME(9) PRESENT  
PLACE  
OFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to  
mother, including present birth(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.)  
on the date above stated.

(21) (Signature)

(22) State whether physician or midwife

Given name added from a supplement  
report

(23) Witness

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

(24) Filed

(25) Local Registrar

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.