FULL NAME 9 Count State File No. Local File No... No. mos. of pregnancy.... Is mother yw 20 USUAL RESIDENCE OF MOTHER: PLACE OF BIRTH: State much County. Township. Township. much Village or City... Village or City. Name of hospital Home (If not in hospital, give street address) Mailing Addres FATHER MOTHER allus Sam mcc White Age at time of this birth. at time of this birth. emesse Birthplace. Birthplace. Occupation (and Industry). No. of other children of this mother, now living. No. of other children, born alive, now dead... No. born dead. I hereby certify that I attended the birth of this child, who was Born alive on above date at 12:59 A AS REQUIRED BY LAW:

(Attending physician, midwife, father, et-

Have eyes of child been treated with one and one-half per cent solution of silver nitrate?

Was mother's blood tested for syphilis?

Date 5-31

New

If not tested, state reason

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