State File No. FULL NAME OF CHILD..... Local File No. No. mos. of pregnancy.... Is mother married? ... 41 If so, born 1st, 2d, 3d. USUAL RESIDENCE OF MOTHER: PLACE OF BIRTH: State Muh County. Township. Village or City & Irmontus Name of hospital or institution...... Mailing Address (If not in hospital, give street address) MOTHER FATHER Full Maiden 1 reide Belle Age at time of this birth Birthplace Occupation (and Industr Occupation (and Industry)... No. of other children of this mother, now living No. of other children, born alive, now dead... I hereby certify that I attended the birth of this child, who was. or stillborn) AS REQUIRED BY LAW: 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 no 1 , 19 4 (If pot tested, state reason.