State File No. Local File No. OF CHILD. No. mos. of pregnancy.... USUAL RESIDENCE OF WOTHER: PLACE OF BIRTH: State much. Name of hospital or institution..... (If not in hospital, give street address) FATHER Full Maiden Mary 13 Age at time of this birth. Birthplace No. of other children, born alive, now dead... I hereby certify that I attended the birth of this child, who was Born alwi on above date at AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? ules (Attending physician, midwife, father, etc.) Was mother's blood tested for syphilis? U. Date. If not tested, state reason. Registrar

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father, etc.)

Registrar