

PHYSICIAN'S RECORD

PLACE OF BIRTH

County.....

Civil District.....

Inc. Town

City of.....

Street and No.....

Name.....

Sex Legitimate.....

Twin, Triplet } { and } No. in order }
or other } { of birth }

Father's Name.....

Color..... Age.....

Birthplace

Occupation

Mother's }
Maiden Name }

Color..... Age.....

Birthplace

Occupation

Number of child } { Number of chil- }
of this mother } { dren of this }
} { mother now living }

Date of birth..... 19....., at..... M.

Certificate delivered to Registrar