

## 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 .....