1747

FEDERAL SECURITY AGENCY
U. S. Public Health Service
National Office of Vital Statistics

STATE OF NEW MEXICO—DEPARTMENT OF PUBLIC HEALTH

STANDARD CERTIFICATE OF BIRTH

File No.

Registrar's No.

B— —
Time—
(c)— —
Time—

R— —
Time—

S. C. Pl
Mo.

Father: C
Yr. B.
Occ.
S. S.

Mother: C
Yr. B.
Occ.
S. S.

20a b c
Drops
Hour
Attend
Regis
Preg.
Lab.
Del.
Malf.
B. Inj.
Do Not Use This Space

1. PLACE OF BIRTH:
(a) County
(b) City or town (If outside city or town limits write: RURAL.)
(c) Name of hospital or institution: (If not in hospital or institution give street number or location)
(d) How long was mother in hospital or institution before delivery?
(e) How long was mother in community before delivery? (Specify whether years, months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) City or town (If outside city or town limits write RURAL)
(d) Street No. (If rural give location)

3. Full name of child

4. DATE OF BIRTH
(Month) (Day) 19 (Year)

5. Sex

6. Twin or triplet

If so—born 1st 2d or 3rd

7. Number months of pregnancy

FATHER OF CHILD

8. Full name

9. Color or race

10. Age at time of this birth yrs.

11. Birthplace (City, town or county) (State or foreign country)

12. Usual occupation

12a Social Security No.

13. Industry or business

MOTHER OF CHILD

14. Full maiden name

15. Color or race

16. Age at time of this birth yrs.

17. Birthplace (City, town or county) (State or foreign country)

18. Usual occupation

18a Social Security No.

19. Industry or business

20. NUMBER OF CHILDREN BORN TO THIS MOTHER NOT INCLUDING THIS BIRTH
(a) No. other children now living
(b) No. other children born alive but now dead
(c) No. other children born dead
(d) TOTAL OTHER BIRTHS

21. Parents' mailing address for registration notice:

22. Were drops put in eyes to prevent blindness within one hour of birth? If so, what?

23. I hereby certify that I attended the birth of this child who was born (alive or dead) at the hour of m. on the date above stated and that the information given was furnished by related to this child as

24. Date filed

25. Registrar's signature

26. Date on which given name added by Registrar

Attendant

M. D., midwife, or other Date signed

Address

SUPPLEMENTARY DATA BELOW ARE NOT A PART OF THE LEGAL CERTIFICATE

27(a) Pregnancy: Date first seen? Test for Syphilis? When?

Complications?

(b) Labor, Drugs used? Induced?

Complications?

(c) Delivery, Spontaneous? Operative?

Type of operation?

(d) Did baby have any (1) Congenital malformation? Describe:

(2) Birth injury? Describe:

THIS CERTIFICATE IS DUE TEN DAYS AFTER BIRTH