

PLACE OF BIRTH

1. County of Rodde
 Township of Concord
 or
 Village of West Concord
 or
 City of _____

Reg. District No. _____ No. in Registration Book 80
 (Above numbers to be filled in only by local registrar or his deputy)

(No. _____, St.; _____ Ward)
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME OF CHILD Harold Larry Babcock } If child is not yet named, make supplemental report as directed.

3. Was 1% silver nitrate used to prevent infant blindness? Yes No
 4. Was child deformed or physically defective? Yes No
 5. Nature of defect: _____

6. Sex M If plural births { 7. Twin, triplet, or other _____
 8. Number, in order of birth _____
 9. Premature Full term
 10. Legitimate? yes no
 11. Date of birth 5-8-34 1934
 (Month, day, year)

FATHER

12. Full name Bridge B. Babcock
 13. Residence (usual place of abode) West Concord Minn
 (If non-resident, give place and State)
 14. Color or race W 15. Age at last birthday 31 (Years)
 16. Birthplace (city or place) West Concord Minn
 (State or country)
 17. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Labour
 18. Industry or business in which work was done, as factory, office, bank, etc. _____

MOTHER

19. Full maiden name Julia J. Rafferty
 20. Residence (usual place of abode) West Concord Minn
 (If non-resident, give place and State)
 21. Color or race W 22. Age at last birthday 29 (Years)
 23. Birthplace (city or place) St Paul Minn
 (State or country)
 24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 25. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 1

27. If stillborn, period of gestation { months or weeks } 28. Cause of stillbirth { Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:15 M.,
 on the date above stated, and that the above facts as given
 are true to the best of my knowledge, information and belief.
 (Born Alive or Born Dead)

{ *When there was no attending physician or midwife, then the father, householder, etc., must make this return.

(Signature) J. Ellson
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date 5-8-34 Address West Concord Minn.

Given name added from a supplemental report _____

(Signature) [Signature]
 REGISTRAR.

19 _____

Received JUL 21 1934

Filed 5/9/34, 19 _____ Address _____

E. B.

THE STATE OF MINNESOTA

7432

Division of Vital Statistics
 RECORD OF BIRTH

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made of each, and the number of each, in order of birth stated.