

Princeton (Minn. : Township).
Birth and Death Certificates.

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# a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. A PERMANENT RECORD. BINDING. UNFADING INK-THIS IS FOR RESERVED more than one child at WRITE PLAINLY, WITH MERGIN of -In case 'n

#### PLACE OF BIRTH STATE OF MINNESOTA Division of Vital Statistics County of RECORD OF BIRTH Township Registered No Village of (No ... Ward) City of. St.: If child is not yet named, make OF CHILD supplemental report, as directed. Date of Birth... Legiti-Sex of # Triplet, In order mate? (Month) (Day) or other? of Birth (Year) FATHER FULL FULL MOTHER NAME MAIDEN NAME RESIDENCE RESIDENCE COLOR COLOR AGE AT LAST AGE AT LAST BIRTHDAY. OR RACE OR RACE BIRTHDAY (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION Number of Children, of this Mother, now Hving..... Number of Child of this Mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of above child, and that it occurred on 2 \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature) Dated. 190-(Attending physician, midwife, father, etc.\*) Given or christian name added from a Address supplemental report......190..... REGISTRAR. Address REGISTRAR.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

#### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

7) Full name of father, with age.

Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.
 (12) Occupation of mother.

(12) Occupation of mother.
(13) Number of child of this mother and number of children

of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occuring without attendance of either physician or midwife, shall be treated

as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box conaining the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in

second degree."

Filed in the Office of District Court,
Mills LecyCounty, Winn.

March 6, A. D., 1909

M. A. A. D., 1909

A PERMANENT RECORD. must be made for each and the number BINDING. -THIS IS ADING B.—In case of more than one child at a birth a UNF MARGIN WITH PLAINLY

WRITE

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back. PLACE OF BIRTH STATE OF MINNESOTA County of Division of Vital Statistics Township of RECORD OF BIRTH No. in Registration Book 14 Village of Reg. District No .-City of Ward) Ida diamham OF CHILD Date of & Legiti-Triplet in order mate? or other FATHER FULL MOTHER MAIDEN RETURN r POST OFFICE POST OFFICE ADDRESS COLOR COLOR AGE AT LAST ARATE 1 OR RACE BIRTHPLACE BIRTHPLACE SEP! OCCUPATION ways mell Number of Child of this Mother Number of Children, of this Mother, now living CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of above child, and that it occurred on 2/14, 1908, at M.

(Attending Physician. Mission) Dated 3/141908, Address.

What steps have been taken to prevent ophthalm'a neonatorium?

Filed 10/2 190 8, Otto Guschi

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(2) (3) Full name of child.

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other,

Condition-as twins, illegitimate, etc.

(6) Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

(9) Occupation of father.

Maiden name of mother, with age. (10)Birthplace of mother, state or foreign country.

(12)Occupation of mother.

Number of child of this mother and number of children (13) of this mother now living.

Signature and address of attending physician or mid-(14)wife.

Signature and address of informant. (15)

Signature and address of reporting official. (16)Date when certificate was filed and registered. (17)

Stillborn children, or those dead at birth shall be regis-"(e) tered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical cer-tificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

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County of Mille Laws	STATE OF MINNESOTA Division of Vital Statistics
Township of reneeton	RECORD OF BIRTH
village of Reg. District	
or City of (No,	St.;Ward
FULL NAME alice U. Th	If child is not yet named, make supplemental report, as directed.
Sex of Twin Triplet or other and Sumber in order of Birth	legiti- mate?  Date of Month)  (Month)  Date of Month (Day)  (Year)
FULL FATHER NAME SUR AUTOMAN POST OFFICE ADDRESS	FULL MOTHER NAME & MOTHER Relember Post OFFICE ADDRESS
COLOR OR RACE W AGE AT LAST 3 7	COLOR OR RACE W AGE AT LAST J BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE Germany
occupation farmer	OCCUPATION /
Number of Child of this Mother	Number of Children, of this Mother, now living
	NG PHYSICIAN OR MIDWIFE*  Ild, and that it occurred on 190 %, at 1
Filed 4/15 190 8, 0. /dlns	chel Address

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Full name of child.

Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other,

Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day, Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age. (11)Birthplace of mother, state or foreign country.

(12)Occupation of mother.

Number of child of this mother and number of children (13) of this mother now living. Signature and address of attending physician or mid-

(14)wife.

(15)Signature and address of informant.

Signature and address of reporting official. (16)Date when certificate was filed and registered.

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Full name of child. (3) Sex.

(4) Color or race—as white, black (negro or negro descent). Indian, Chinese, Japanese, or other,

Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

Full name of father, with age. (8) Birthplace of father, state or foreign country.

Occupation of father. (9)

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country. (11)

Occupation of mother.

Number of child of this mother and number of children (13)of this mother now living.

(14)Signature and address of attending physician or midwife.

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PLACE OF BIR	Uhaes.		OF MIN	NESOTA tistics	
Township of Pri	nceton		CORD OF BIR		
Village of	Reg. Distric	ct No	No. in Re	gistration Book	
Clty of	( No	•		St.;	Ward
FULL NAME OF CHILD	ulais Ko.	man		If child is not yet r	
Child 40 1	(win riplet and Number in order of Birth	Legiti- mate?	Date of Birth	Month) (Day	190_S
FULL NAME POST OFFICE ADDRESS	FATHER	FULL MAIDEN NAME POST OFFICE ADDRESS	dann	other Sell	met
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BIRTHPLACE	Germany	BIRTHPLACE	min	m	
Number of Child of this Mb	farmer 3	Number of Chi	ldren, of this Mother,	now living 3	
I hereby certify that	CERTIFICATE OF ATTENDED I attended the birth of above of the Koman (Attending Physician, Midwitt factor)	hild, and that it	occurred on	75,1908	, at M
What steps have been t	taken to prevent ophthalmia neo	natorium?	0		
Filed 5/12	908, Otto ben	REGISTRAR.	Address		-

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Birthplace of father, state or foreign country.

(9) Occupation of father. (10) Maiden name of mother, with age.

(11)Birthplace of mother, state or foreign country.

(12)

Occupation of mother. Number of child of this mother and number of children (13)of this mother now living. Signature and address of attending physician or mid-

(14)wife.

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"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box conaining the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

PLACE OF BIRTH	Leves	STATE (	OF MINI	
Township of Prin	ceton		ORD OF BIRT	
or Village of	Reg. Distri			istration Book
City of	(No	,		St.;Ward
FULL NAME Ch	as.V.m	att		If child is not yet named, make sup
sex of male Twin Triplet or other	and Number in order of Birth	Legiti- mate?	Date of M	190 8 (Day) (Year)
FATHE NAME	R. Mott	FULL MAIDEN NAME		THER dam Stee
POST OFFICE ADDRESS		POST OFFICE ADDRESS		
COLOR OR RACE	AGE AT LAST 2 5 BIRTHDAY (Years)	COLOR OR RACE		AGE AT LAST 3 3 (Years)
BIRTHPLACE		BIRTHPLACE		
OCCUPATION	armer	OCCUPATION		
Number of Child of this Mother	2	Number of Child	ren, of this Mother, no	ow living 2
I hereby certify that I atte	11. 4		1	) 6, 190 L, at 90M
What steps have been taken	to prevent ophthalmia neo	onatorium?		
Filed 6/6 1908,	otro He	registrar.	laddress	

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

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Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

# Extracts from Chapter 454, Laws of 1907.

- "(j) The certificate of birth shall contain the following items:
- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
  - (2) Full name of child.
  - (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
  - (5) Condition—as twins, illegitimate, etc.
  - (6) Date of birth, including year, month and day.(7) Full name of father, with age.
  - (8) Birthplace of father, state or foreign country.
  - (9) Occupation of father. (10) Maiden name of mother, with age.
  - (10) Maiden name of mother, with age.(11) Birthplace of mother, state or foreign country.
  - (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
  - (15) Signature and address of informant.
  - (16) Signature and address of reporting official.(17) Date when certificate was filed and registered.
- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

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	PLACE OF BIRTH	STATE OF MINI	VESOTA			
G.	County of Mulhacs	Division of Vital Statistics				
RECORD	Township of Princellon	RECORD OF BIRT	н			
RE	Village of Reg. Distric	t No. in Reg	istration Book //			
N.T.	City of (No.	, -	St.;Ward			
PERMANENT REC	FULL NAME Lawrence f	Burke	If child is not yet named, make supplemental report, as directed.			
4 0	Sex of Twin Triplet or other and Number in order of Birth	Legilimate? Date of Birth (N	nay 9 190 8 (Year)			
	FATHER Burke		THER Belts and			
CHIS ETURN Stated	POST OFFICE ADDRESS	POST OFFICE ADDRESS				
ATE R	COLOR OR RACE BIRTHDAY (Years)	COLOR OR RACE	AGE AT LAST 5 5 (Years)			
G IN SEPAR n order	BIRTHPLACE	BIRTHPLACE				
DIN sirth a seach.	OCCUPATION Labour	OCCUPATION				
UNFA child at a l	Number of Child of this Mother 2	Number of Children, of this Mother, no	ow living			
One	CERTIFICATE OF ATTENDI	ING PHYSICIAN OR MIDWIFE	3*			
PLAINLY, WIT	I hereby certify that I attended the birth of above ch  (Signature) G. R. Laly  (Attending Physician, Middle)	Dated 579 190 8, A	1) 9, 190 &, at/AM.			
PL B	What steps have been taken to prevent ophthalmia neor	natorium?				
VRITE N.	Filed 10/2 1908, Otto Hens	REGISTRAR. Address				

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Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day,

Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father. (9)

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country. (11)(12)

Occupation of mother. (13)

Number of child of this mother and number of children of this mother now living. Signature and address of attending physician or mid-(14)

wife. (15)Signature and address of informant.

(16) Signature and address of reporting official.

Date when certificate was filed and registered. (17)

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A PERMANENT RECORD. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC B.-In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. BINDING. FOR RESERVED MARGIN WRITE PLAINLY.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back. PLACE OF BIRTH STATE OF MINNESOTA Division of Vital Statistics RECORD OF BIRTH Township of No. in Registration Book / O Village of Reg. District No .-Ward) City of If child is not yet named, make sup-OF CHILD plemental report, as directed. Twin Triple t Date of Birth Sex of Child la erder mate? or other MOTHER FULL FATHER MAIDEN NAME POST OFFICE POST OFFICE ADDRESS ADDRESS COLOR AGE AT LAST COLOR AGE AT LAST BIRTHDAY OR RACE BIRTHDAY OR RACE BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION Number of Children, of this Mother, now living-Number of Child of this Mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of above child, and that it occurred on 3722, 1908, at 50M. Dated 3 / 2 2 190 8, Address

What steps have been taken to prevent ophthalm's neonatorium?

,0/2 1908, Otto Hens ch

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children

of this mother now living.
(14) Signature and address of attending physician or midwife.

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PLACE OF BIRTH	Las	STATE Division	OF MIN		
Township of Prince	ton		CORD OF BIR		
	Reg. Distr	ict No.	No. in Re	gistration Book	1
g City of	(No			St.;	Ward)
or Village of or City of  FULL NAME OF CHILD  Sex of Child  FULL FATHER NAME  FATHER	tin R.	gerth		If child is not yet na	med make sup- directed
Sex of Tale Triplet or other	and Number in order of Birth	Legiti- mate?	Date of Birth	mul 6 (Day)	_190_8 (Year)
	irth	FULL MAIDEN NAME	me c	G. Roser	re
POST OFFICE ADDRESS		POST OFFICE ADDRESS			
COLOR OR RACE COLOR OR RACE BRITHIPI ACE	GE AT LAST 5 (Years)	COLOR OR RACE	W	AGE AT LAST BIRTHDAY (Year	<i>S</i>
4-0   Dimittle EAGE	301	BIRTHPLACE	An		
each, in or	armer	OCCUPATION	goi	mary	
Number of Child of this Mother		Number of Chile	dren, of this Mother,	now living	
Number of Child of this Mother  CER I hereby certify that I atten  (Signature)	CTIFICATE OF ATTENI				, at <sup>2</sup> 9M.
(Signature) G. R. Q. (Attendir	palcy ng Physician. Milwife)	Dated 6	<u>5</u> 190 £,	Address	
What steps have been taken to					
Filed 13 / 1 190 8,	O. Hens	REGISTRAR.	Address		

But are of soften as an error of an are the rear and the series of the s

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(2) (3) Full name of child.

Sex.

wife.

Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.

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Birthplace of father, state or foreign country.

(9) Occupation of father.

Maiden name of mother, with age. (10)

Birthplace of mother, state or foreign country. (11)

(12)Occupation of mother.

Number of child of this mother and number of children (13)of this mother now living.

(14) Signature and address of attending physician or mid-

Signature and address of informant. (15)

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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 for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING.

County of Milly Lace	STATE OF MINNESOTA Division of Vital Statistics
Township of Princeton	RECORD OF BIRTH
village of Reg. District	
or	
Clty of (No,	St.; Ward)
FULL NAME nicholas n	7. Berry If child is not yet named, make supplemental report, as directed.
Sex of Child Twin Triplet or other and Number in order of Birth	Legiti- mate?  Date of 1/ (Day) 190 (Year)
PAUL EATHER BUNY	MAIDEN Late Leigh marte
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE W AGE AT LAST 3 9 (Years)	COLOR OR RACE W BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
occupation farmer	OCCUPATION
Number of Child of this Mother 6	Number of Children, of this Mother, now living
	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chil	d, and that it occurred on 6/11, 1908, at am.
100 0 131	
(Signature) (Attending Physician Midwife) Jakh	Dated July 190 S, Address
What steps have been taken to prevent ophthalmia neons	atorium?
Filed 9/5 1908, Otto Bens	REGISTRAR. Address

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

# Extracts from Chapter 454, Laws of 1907.

"(i) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

(2) (3) Sex.

Color or race—as white, black (negro or negro descent), (4) Indian, Chinese, Japanese, or other,

Condition—as twins, illegitimate, etc.

Date of birth, including year, month and day,

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father. (9)

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country. (11)

Occupation of mother. (12)

Number of child of this mother and number of children (13) of this mother now living. Signature and address of attending physician or mid-

(14)wife.

Signature and address of informant. (15)

Signature and address of reporting official. Date when certificate was filed and registered.

(17) "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a pre-mature birth and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for .

stillborn children, but such cases, and stillbirths occuring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box conaining the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

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 for each and the number of each, in order of birth, stated. MARGIN RESERVED FOR BINDING.

County of Mille Lace,	STATE OF MINNESOTA Division of Vital Statistics				
Township of Princeton					
Village of Reg. District	No. In Registration Book 16				
City of (No,	St.;Ward)				
FULL NAME (Wal	If child is not yet named, make supplemental report, as directed.				
Sex of Child I Twin Iriplet or other and Number in order of Birth	Legilimate? As Date of Anne, 17 190 8 (Year)				
FOST OFFICE ADDRESS	FULL MAIDEN BANGARA LUON  POST OFFICE ADDRESS  MOTHER  MOTHER  LUON  AUGUST  MOTHER  LUON  AUGUST  AUG				
COLOR OR RACE W AGE AT LAST 38 BIRTHDAY (Years)	COLOR OR RACE W AGE AT LAST 30 (Years)				
BIRTHPLACE	BIRTHPLACE La				
OCCUPATION Labour	OCCUPATION				
Rumber of Child of this Mother	Number of Children, of this Mother, now living				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of above child, and that it occurred on 1, 1908, at CAM.  (Signature)   Output  Dated 6/61908, Address					
What steps have been taken to prevent ophthalmia neona	itorium?				
Filed 10/2 1908, Otto /lens	REGISTRAR. Address				

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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Full name of child.

(3)

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc. (5)

(6) Date of birth, including year, month and day. Full name of father, with age.

(8) Birthplace of father, state or foreign country. (9) Occupation of father.

(10)Maiden name of mother, with age,

Birthplace of mother, state or foreign country. (12)

Occupation of mother.

Number of child of this mother and number of children (13)of this mother now living. Signature and address of attending physician or mid-

(14)wife.

(15)Signature and address of informant. (16)

Signature and address of reporting official. Date when certificate was filed and registered.

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A PERMANENT RECORD. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC B.-In case of more than one child at a birth a SEPARATE RETURN must be made for each and the number of each, in order of birth: stated. MARRIN WRITE PLAINLY.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back. PLACE OF BIRTH STATE OF MINNESOTA Division of Vital Statistics Township of RECORD OF BIRTH No. in Registration Book Village of Reg. District No .-St.: Ward) City of (No. **FULL NAME** If child is not yet named, make sup-OF CHILD plemental report, as directed. Date of Birth Sex of Child Legiti-Triple t in order mate? or other MOTHER FATHER FULL MAIDEN NAME NAME POST OFFICE POST OFFICE ADDRESS COLOR AGE AT LAST COLOR AGE AT LAST OR RACE OR RACE BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION Number of Child of this Mother Number of Children, of this Mother, now living CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of above child, and that it occurred on 4 25, 1908, at am.

What steps have been taken to prevent ophthalm'a neonatorium?

10/2 190 8, Otto Herschie

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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  - (2) Full name of child.
- (3) Sex. (4) Color
- (4) Color or race—as white, black (negro or negro descent), Indian. Chinese. Japanese, or other.
  - (5) Condition—as twins, illegitimate, etc.
  - (6) Date of birth, including year, month and day.
  - (7) Full name of father, with age.(8) Birthplace of father, state or foreign country.
  - (9) Occupation of father.
  - (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country. (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
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  - (15) Signature and address of informant.
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- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

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·	PLACE OF BIRTH	Las	STATE (		
RECORD	County of Man	celon		of Vital Stat	
REC	Village of	Reg. District			istration Book 12
NT.	City of	(No,			St.;War
IS A PERMANENT REC	FULL NAME OF CHILD	Q4			If child is not yet named, make sur plemental report, as directed.
PER	Sex of Trale Twin Triplet or other	and Number in order of Birth	Legiti- mate?	Date of Birth	ulij 30 1908 (Onth) (Day) (Year)
IS A I must b	FATH Walker	ER AL	MAIDEN NAME	archa	THER V. Hagly
THIS I	POST OFFICE ADDRESS		POST OFFICE ADDRESS		
THE H	COLOR OR RACE	AGE AT LAST 3/ BIRTHDAY (Years)	COLOR OR RACE	v	AGE AT LAST (Years)
G IN EPARA order o	BIRTHPLACE	Lin	BIRTHPLACE		
ADING birth a SEI f each, in o	OCCUPATION 1	mer	OCCUPATION		
UNFA	Number of Child of this Mother	/	Number of Childs	ren, of this Mother, no	w living
CH one c		ERTIFICATE OF ATTENDI	NG PHYSICIAN	OR MIDWIFE	2*
, WI	I hereby certify that I at	tended the birth of above chi	ld, and that it o	occurred on	120, 190 &, at al
PLAINLY, WIJ	(Signature) J. R. (Atte	6 aley	Dated 9/	26190 £, A	ddress
E PI	What steps have been taken				
WRITE N.	Filed 10/2 1908	, otto blen	REGISTRAR.	Address	

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(2) Full name of child. Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc. Date of birth, including year, month and day,

Full name of father, with age. (8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age. Birthplace of mother, state or foreign country. (11)

Occupation of mother. (12) Number of child of this mother and number of children (13)of this mother now living.

Signature and address of attending physician or mid-(14)wife.

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PLACE OF BIRTH County of Mile	Lace :		OF MIN	NESOTA tistics	
Township of Prince	cton	REC	ORD OF BIRT	гн	
Village of	Reg. District	No	No. in Res	gistration Book_	6
or City of	(No,			St.;	Ward
FULL NAME bla	rd E. Le	hlles	rer		t named, make sup-
Sex of H Twin Triplet or other	and Number in erder of Birth	Legiti- mate ?	Date of Birth (1	Month) (Da	2 190 S
FULL FATHER MAME QUIMINS	delellener	FULL MAIDEN B	erthe	THER	man
POST OFFICE ADDRESS		POST OFFICE ADDRESS			
	AGE AT LAST 14 9 BIRTHDAY (Years)	COLOR OR RACE		AGE AT LAST 3	(eafs)
BIRTHPLACE	airmann	BIRTHPLACE	mi	m	
OCCUPATION	armer	OCCUPATION			
Number of Child of this Mother	.3	Number of Child	en, of this Mother, r	now living	
CE	RTIFICATE OF ATTENDI	NG PHYSICIAN	OR MIDWIF	E*	
I hereby certify that I atter	nded the birth of above ch	ild, and that it o	occurred on	8) 2 , 190	£, atM
	100.				*
(Signature) (Attendi	ing Physician Midwife Jack	Dated 87	301908,	Address	
What steps have been taken to	o prevent ophthalm'a neon	atorium?			
Filed 9/15 190 8,	letto/ten	schil REGISTRAR.	Address		

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(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

(6) Date of birth, including year, month and day,

Full name of father, with age. (8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country. (11)

(12)Occupation of mother.

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Signature and address of reporting official. (16)Date when certificate was filed and registered.

(17) "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical cer-tificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occuring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box conaining the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

PLACE OF BIRTH	Lais		OF MIN	NESOTA	
Township of Orin	ceton		CORD OF BIR		
village of	Reg. Distr	ict No.	No. in Re	egistration Book	7
City of	(No	-,		St.;	Ward
FULL NAME OF CHILD	Ber	geron	·	If child is not yet a	named, make sup- s directed.
Sex of Child I Ivin Iriplet or other	and Number in order of Birth	Legiti- mate?	Date of Birth	Aug. g Month) (Day	)
FULL FATHE NAME LO SON POST OFFICE ADDRESS	e D. Berger	FULL MAIDEN NAME POST OFFICE ADDRESS	m	OTHER Br	ace
COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE	w	AGE AT LAST BIRTHDAY (Yes	) 3 ars)
BIRTHPLACE	7000	BIRTHPLACE			
OCCUPATION La	bour	OCCUPATION			
Number of Child of this Mother	4	Number of Chil	dren, of this Mother,	now living 4	
(Signature) P. (Atter	Laluy  ding Physician, Midwife  to prevent ophthalmia nee	Dated 87	occurred on	2/9,1908	alogn
Filed 10/2 190 8	etto Hen	REGISTRAR.	Address		

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, fail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

# Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) (3) Full name of child.

Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other,

Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country. Occupation of father. (9)

Maiden name of mother, with age. (10)

Birthplace of mother, state or foreign country.

Occupation of mother. Number of child of this mother and number of children (12)(13)

of this mother now living. Signature and address of attending physician or mid-(14)

wife. (15)Signature and address of informant.

Signature and address of reporting official. (16) (17) Date when certificate was filed and registered.

Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical cer-tificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a pre-mature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for 4

stillborn children, but such cases, and stillbirths occuring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at a birth a SEPAKATE RETURN must be made for each, and the number of each, in order of birth, stated.

County of Mulle Le	w		F MINNESOTA f Vital Statistics	4
Township of Princel	on	RECORI	O OF BIRTH	
Village of	Reg. District	No. 2 88/ No. in (Above numbers to be fille	Registration Bookd in only by local registra	ar or his deputy)
City of	(Ņo,		St.;	Ward)
FULL NAME Carl 7	redrick G	. muller	If child is not yet na supplemental report	med, make as directed
SEX OF Twin Triplet or other	and Number in order of birth	Legiti- mate  DATE OF BIRTH	(Month) / (da	190 (year)
FULL NAME Tred FATHE	ruller	FULL MAIDEN Gran	MOTHER RC	mal
POST OFFICE ADDRESS		POST OFFICE ADDRESS		7
COLOR OR RACE	AGE AT LAST 43 BIRTHDAY (Years)	COLOR OR RACE	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE (STATE OR COUNTRY)	avr	BIRTHPLACE (STATE OR COUNTRY)		
OCCUPATION	anner	OCCUPATION		
NUMBER OF CHILD OF THIS MOTH	ER	NUMBER OF CHILDREN OF TH	IS MOTHER, NOW LIVING	
CERTIF	TCATE OF ATTENDING PH	YSICIAN, MIDWIFE OR	PARENT	
I hereby certify that (I attende				M.
	Dated Physician, Midwife, Father, Information			
What steps have been taken to p	revent ophthalmia neonatorun	n?		
Filed 37 29 190 9,	all. Ruh	Address Address		

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwile, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages. or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible. asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454 Laws of 1907.

#### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village certificates for stillborn chi or township. If in a city, the ward, street and house number. If in a without attendance of either hospital, or other institution, the name of the same to be given instead of the without medical attendance. street and house number.

Full name of child.

Sex.

Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

now living.

(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.

and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born any person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar, cause of the stillbirth, if known, whether a premature birth, and if born any person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar.

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certifi-(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother over hiving.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Birthplace of mother, as unected by the Fagistra, for the medical certificate of the cause of death and other particulars necessary to complete the cause of the cause o of the place of burial, before interring the body, and when shipped by any "(e) Stillborn children, or those dead at birth shall be registered as births transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such internent is made.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back. STATE OF MINNESOTA PLACE OF BIRTH

County of Division of Vital Statistics Township of RECORD OF BIRTH Village of No. in Registration Book-Reg. District No .\_\_\_ City of (No. Ward) ensolul FULL NAME If child is not yet named, make supplemental report, as directed. OF CHILD. Date of Birth Sex of Child Triplet in order or other MOTHER FULL FATHER FULL POST OFFICE POST OFFICE ADDRESS AGE AT LAST COLOR COLOR AGE AT LAST OR RACE OR RACE (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION Number of Children, of this Mother, now living-Number of Child of this Mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of above child, and that it occurred on \$7 26, 1908, at\_M. (Attending Physician Midwife) fache What steps have been taken to prevent ophthalm'a neonatorium? 1908, Otto Genschil Address

PERMANENT RECORD. B.-In case of more than one child at a birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated. THIS IS UNFADING WITH WRITE PLAINLY,

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

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# Extracts from Chapter 454, Laws of 1907.

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Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

(3) Sex.

Color or race—as white, black (negro or negro descent), (4) Indian, Chinese, Japanese, or other,

Condition-as twins, illegitimate, etc.

(6) Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age,

Birthplace of mother, state or foreign country. (11)

(12) Occupation of mother. (13)Number of child of this mother and number of children

of this mother now living. Signature and address of attending physician or mid-(14)

wife. (15)Signature and address of informant.

(16)Signature and address of reporting official. Date when certificate was filed and registered.

(17) "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

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second degree.'

PLACE OF BIRTH	Laca.		OF MIN	NESOTA atlastics	
Township of True	cetan.	RECORD OF BIRTH			
or Village of	Reg. Distric			egistration Book	
or City of		t No.	_ 140. III Ke		
FULL NAME OF CHILD	trude m	ilbr	and	St.; Ward)  If child is not yet named, make supplemental report, as directed.	
Sex of Triple t	and S Number in order of Birth	Legiti- mate ?	Date of Birth (	Aug . 29 190 8 (Year)	
FATHE FATHER FATHER	milbran	FULL MAJDEN NAME	Jann	a Selile	
POST OFFICE ADDRESS		POST OFFICE ADDRESS			
COLOR OR RACE	AGE AT LAST 39	COLOR OR RACE	/	AGE AT LAST / (Years)	
BIRTHPLACE	Qua	BIRTHPLACE			
OCCUPATION	armer	OCCUPATION			
Number of Child of this Mother	2	Number of Child	Iren, of this Mother,	now living Z	
C	ERTIFICATE OF ATTEND	ING PHYSICIAN	OR MIDWIF	FE*	
(Signature) Germa	7	Dated 87		87 - 7 , 190 8 , atM. Address	
What steps have been taken	to prevent ophthalmia neo	natorium?			
Filed 9/12 190 8	atto Hen.	REGISTRAR.	Address		

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(2) -(3) Full name of child.

Sex.

(4) Color or race—as white, black (negro or negro descent). Indian, Chinese, Japanese, or other,

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day.

Full name of father, with age.

(8) Birthplace of father, state or foreign country.

Occupation of father. (9) (10)

Maiden name of mother, with age. (11) Birthplace of mother, state or foreign country.

Occupation of mother. (12)

Number of child of this mother and number of children (13)of this mother now living.

Signature and address of attending physician or mid-(14)wife.

Signature and address of informant. (15)

(16) Signature and address of reporting official. Date when certificate was filed and registered.

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PLACE OF BIRTH:	ace		F MINNESOTA of Vital Statistics
Township of Prince	ton	RECOR	D OF BIRTH
Village of		(Above numbers to be fille	Registration Book 2 2 di in only by local registrar or his deputy)
FULL NAME OF CHILD	John	non	St.; Ward)
SEX OF Wale Twin Triplet or other	and Number in order of birth	Legiti- mate DATE OF BIRTH	(Month) (day) 190 (year)
FULL NAME POST OFFICE ADDRESS	huson	FULL MAIDEN AUTO A POST OFFICE ADDRESS	in mudgets
OR RACE BIRT	AT LAST THOAY (Years)	COLOR OR RACE	AGE AT LAST 3 BIRTHDAY (Years)
OCCUPATION	m	OCCUPATION	
NUMBER OF CHILD OF THIS MOTHER	2	NUMBER OF CHILDREN OF TI	HIS MOTHER, NOW LIVING
I hereby certify that (I attended) t		d that it) occurred on given do not apply	/2 >, 190 & , at M.
What steps have been taken to prever Filed			Princeton

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the without medical attendance. street and house number.

Full name of child.

(4) Chinese, Iapanese, or other.

Date of birth, including year, month and day.
Full name of father, with age.
Birthplace of father, state or foreign country. (6) (7)

Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.

(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree,"

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit. Sex.
Color or race—as white, black (negro or negro descent), Indian, se. Japanese, or other.
Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.

Of such death, and when so notined such registrar shall issue a burnal permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burnal or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certifineath officer or coroner, as unested by the registrar, for the medical certain cate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such internent is made.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH	Le Lac		OF MIN	NESOTA	
Township of Prin	ceton		CORD OF BIR		
or Village of	Reg. Distric			gistration Book 51	
City of	(No			St.;	Ward
FULL NAME OF CHILD	10. O. ma	enkl		If child is not yet named a plemental report, as directed	
Sex of Child Twin Triplet or other	and Number in order of Birth	Legiti- mate ?	Date of Birth	(Cel., 7 8 190 Month) (Day)	(Year)
FULL RAME R. FAT	HER	FULL MAIDEN NAME	man	other id John	con
POST OFFICE ADDRESS		POST OFFICE ADDRESS	1		
COLOR OR RACE	AGE AT LAST (Years)	COLOR OR RACE	V	AGE AT LAST BIRTHDAY(Years)	
BIRTHPLACE	gas a constant	BIRTHPLACE	Ven	Alex	
OCCUPATION	farmer!	OCCUPATION	7000	<i></i>	
Number of Child of this Mother	/	Number of Chi	ldren, of this Mother,	now I!ving	
	CERTIFICATE OF ATTEND	ING PHYSICIA	N OR MIDWIF	E*	
I hereby certify that I a	ttended the birth of above ch	ild, and that it	occurred on	10/2 5190_8, at	M
(Signature) 9. P	tending Physician, Midwife)	Dated 2	7 7 1908,	Address	
	n to prevent ophthalmia neo				
Filed 127 18 198	. a. Hense	hel	Address		
		REGISTRAR.			

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child. (3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian. Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country. (12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occuring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box conaining the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Mills Lans Journy, Minn Mills Lans Journy, Minn Mills Lans Journy, Minn Mills Lans M. Hung

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	PLACE OF BIRTH	e Las	STATE (	OF MIN	NESOTA	
RD	D	e hac	Division	n of Vital Stat	tistics	
00 1	Township of Jun	celon	REC	CORD OF BIRT	ГН	/
RECORD	Village of	Reg. District	t No	No. in Reg	gistration Book	8
the n	City of	(No,			St.;	Ward
IS A PERMANENT REC	FULL NAME OF CHILD	rigl	lm		If child is not yet no     plemental report, as	amed make sup- directed
PER e made fo	Sex of vale Triplet or other	and Number in order of Birth	Legiti- mate?	Date of Birth	Month) 9 (Day)	_190 (Year)
IS A	FULL A. FATHE	ER Lw	FULL MAIDEN NAME	nati	OTHER Ida Il	lorsen
THIS RETURN th, stated	POST OFFICE ADDRESS		POST OFFICE ADDRESS			
ATE RE of birth,	COLOR OR RACE	AGE AT LAST 3/	COLOR OR RACE	w	AGE AT LAST BIRTHDAY (Year	rs) /
KG IN SEPAR in order	BIRTHPLACE	minlo.	BIRTHPLACE	m	m	
ADING birth a SE f each, in c	OCCUPATION	rechart	OCCUPATION			
- " d O	Number of Child of this Mother	+	Number of Child	ren, of this Mother, n	ow Iiving	
WITH re than one c		ERTIFICATE OF ATTENDI				, at M.
PLAINLY, BIn case of mo	(Signature) & A. (Atter	Lester nding Physician, Midwife)	Dated ///	11_190_8, 1	Address	
PL B.—	What steps have been taken					
VRITE N.	Filed 13/18 1908	. a. Hensel	REGISTRAR.	Address		

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Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

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  - Full name of child.
- (3) Sex. Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- Condition—as twins, illegitimate, etc.
- Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. (6)

- Occupation of father. (9)
- (10) Maiden name of mother, with age.
- Birthplace of mother, state or foreign country. (11)
- Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living. (14)Signature and address of attending physician or mid-
- wife. (15)Signature and address of informant.
- Signature and address of reporting official. (16)
- (17)Date when certificate was filed and registered.
- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical cer-tificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

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	PLACE OF BIRTH	. L. s	TATE O			
RECORD	County of Pull	ties		of Vital Stati.		
ECC ber	Township of Multon		RECORD OF BIRTH			
8	Village of	Reg. District	No	No. in Regi	stration Book	7
NT d the	City of	, (No,			St.;	Ward)
INDING.  IS A PERMANENT REC	FULL NAME OF CHILD	Bets			If child is not yet nar plemental report, as d	ned make sup- lirected
PER pe made fo	Sex of Twin Triplet or other	and Number in order of Birth	Legiti- mate?	Date of OM	ev. 1. 3 (Day)	190 / (Year)
	FULL FATH	er Belo	FULL MAIDEN ON NAME OF	la H	THER. Bockov	er
HIS FUR state	POST OFFICE ADDRESS		POST OFFICE ADDRESS			
	COLOR OR RACE	AGE AT LAST 3	COLOR OR RACE		AGE AT LAST BIRTHDAY (Years	)
GENVED  GENKATE in order of bi	BIRTHPLACE	me	BIRTHPLACE			
0 4 0 .	OCCUPATION	armer	OCCUPATION			
UNFADIN	Number of Child of this Mother		Number of Children,	, of this Mother, nov	w living	
TH UNF		CERTIFICATE OF ATTENDIN	G PHYSICIAN O	OR MIDWIFE	*	Tall the
WITH ore than one	I hereby certify that I at	tended the birth of above chil	d, and that it occ	curred on	13/13,1908	, at M.
MARGIN RE PLAINLY, WITH UNFADI B.—In case of more than one child at a birth of each	(Signature) 9, R.	Roley	Dated 17/	£1908, A	ddress	
PL B.—	What steps have been taker	to prevent ophthalmia neona	torlum?			
WRITE N.	Filed / 3/ /8 190 8	. O. Hense	REGISTRAR.	Address		
-						

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

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(6) Date of birth, including year, month and day.

(7) Full name of father, with age.
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(9) Occupation of father.

- (10) Maiden name of mother, with age.(11) Birthplace of mother, state or foreign country.
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County of WilleLee			OF MINNESOTA n of Vital Statistics
Township of Princelts	on	RECO	ORD OF BIRTH
Village of OR City of			in Registration Book 2 3 filled in only by local registrar or his deputy)  St.; Ward)
FULL NAME OF CHILD		man	If child is not yet named, make supplemental report as directed
SEX OF Tale Twin Triplet or other	and Number in order of birth	Legiti- mate  DATE OF B!RTH_	(Month) (day) 190 (year)
FULL NAME POST OFFICE ADDRESS	ellinge	FULL MAIDEN NAME POST OFFICE ADDRESS	ary Schlu
COLOR AGE BIRT	AT LAST 3 J (Years)	COLOR UR RACE	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	nim	BIRYHPLACE (STATE OR COUNTRY)	Girmanie
OCCUPATION LA	mer	OCCUPATION	
NUMBER OF CHILD OF THIS MOTHER	2	NUMBER OF CHILDREN O	F THIS MOTHER, NOW LIVING. 2
I hereby certify that (I attended) the	he birth of above child, Cross out words	s which do not apply	OR PARENT  7 14, 190 8, at M.  90 8, Address hich do not apply
What steps have been taken to preve	nt ophthalmia neonato	orum?	
Filed 1/6 190.9, a	Ub. Ku	Afull Addre	ess Princeton

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(2) Full name of child.

Chinese, Japanese, or other,

Birthplace of father, state or foreign country. Occupation of father.

Maiden name of mother, with age.
Birthplace of mother, state or foreign country.

Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife. (15) Signature and address of informant.

(15) Signature and address of reporting official.
(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.
(18) Date when certificate was filed and registered.
(19) Date when certificate of both the birth and death shall be filed the local register in the usual form and manner, the certificate of the child, the word "stillbirth."

The medical certificate of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born any copy of the same, after the same is filed in the office of the local registrar.

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Sex.
Color or race—as white, black (negro or negro descent), Indian,
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Brithplace of father, state or foreign country.

Granting of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal and statistical particulars herein.

Granting of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the local health officer for immediate investigation and certification, and also it the circumstances of the case render it probable that the death was caused by violence, and not by casualty and the permit a required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corper, said permit shall accompany the same to the coirt of detribution.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

Township of	meel	ou	R	ECORD OF BIR	ТН
Village of		Reg. Dist	trict No.	No. in Re	gistration Book
City of		( No	-,		St.;Ward
FULL NAME OF CHILD		Vern	on		If child is not yet named make sup-
Sex of Child	Twin Triple t or other	and Mumber in order of Birth	Legiti- mate ?	Date of Birth (	Month) (Day) 190 (Year)
FULL RAME & P.	FATHER	non	FULL MAIDEN NAME		OTHER Ule by her sh
POST OFFICE ADDRESS			POST OFFICE ADDRESS		
COLOR OR RACE		AT LAST 3/	COLOR OR RACE	w	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Pa	20 - 1	BIRTHPLACE		
OCCUPATION	La	barer	OCCUPATION	v / / /	MAN
Number of Child of thi	s Mother	Z	Number of Ch	ildren, of this Mother,	now Itving 2
	CERTI	FICATE OF ATTEN	NDING PHYSICIA	AN OR MIDWIF	E* 3.e
I hereby certify	that I attende	d the birth of above	child, and that i	t occurred on	137,1908, at PM
(Signature)	P. A	boley  hysician, Midwiff	Dated 137	18 190E,	Address
		event ophthalmia n			

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1995, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

- "(j) The certificate of birth shall contain the following items:
- Place of birth, including state and county, together with (1) city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
  - Full name of child.
  - Sex.
- Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- Condition-as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day,
- Full name of father, with age. Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (12)
- Birthplace of mother, state or foreign country. Occupation of mother. Number of child of this mother and number of children (13)of this mother now living.
- (14)Signature and address of attending physician or midwife.
  - (15)Signature and address of informant.
  - Signature and address of reporting official, (16)(17)Date when certificate was filed and registered.
- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical cer-tificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occuring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the em-balmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box conaining the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree.'

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 for each, and the number of each, in order of birth, stated.

When no attending physician or midwife, then	the parents must	make this return in writing.	See instructions on Back
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County of Mille To	Cer Walter		E OF MINNESOTA	
Township of Prinieto			RECORD OF BIRTH	
OR				
Village of	Reg. District	(Above numbers	No. in Registration Book J & to be filled in only by local registrar or his	deputy)
City of			St.;War	
FULL NAME OF CHILD	Berr	4	{ If child is not yet named, ma supplemental report as direct	ike ed
SEX OF Twin Triplet or other	and Number in order of birth		TH (Month) (day) 190	(year)
FULL NAME CLUSS, H. FATHE	Berry	FULL MAIDEN NAME LLO	altie Patten	
POST OFFICE ADDRESS		POST OFFICE ADDRESS		
COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE	AGE AT LAST 3 G	s)
BIRTHPLACE (STATE OR COUNTRY)	n	BIRTHPLACE (STATE OR COUNTRY	Υ)	
OCCUPATION	armer	OCCUPATION		
NUMBER OF CHILD OF THIS MOTHE	в	NUMBER OF CHILDR	REN OF THIS MOTHER, NOW LIVING.	
CEDATE	ICATE OF ATTENDING DI	IVOICIAN MIDIN	TEE OD DADENT	
	ICATE OF ATTENDING PH			PW
I hereby certify that (l'attended	Cross out words wh	ich do not apply	on 137 31, 190 8, at 11	IVI.e
(Signature) J. K. (Attending	Date Physician, Midwife, Father, Infor	d B/S	rds which do not apply	eto
What steps have been taken to pr	event ophthalmia neonatorur	n?		
Filed 3) & 1909	all. Kuly	Lield A	Address 7	1 2
	-	Registrar		

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in township throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child,

Sex. Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father. (10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

(12) Occupation of mother. now living.

(17) Date when certificate was filed and registered.

and also as deaths, and a certificate of both the birth and death shall be filed the corpse; said permit shall accompany the same to the point of destination with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stilloorn," with the cause of the stillibirth, if known, whether a premature birth, and if born any copy of the same, after the same is filed in the office of the local registrar, cause of the stillibirth, if known, whether a premature birth, and if born any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit. Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the (12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother second as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State (15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Occupation of mother.

(18) Author of this mother and other particulars necessary to complete the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the complete certificate to such registers within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any "(e) Stillborn children, or those dead at birth shall be registered as births transportation company shall attach the removal permit to the box containing to be there delivered to the local registrar of the district in which such internent is made.

29-5

NO. 48

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

County of Mille Sax	STATE OF MINNESOTA Division of Vital Statistics
Township of Princellon	RECORD OF BIRTH
Village of Reg. Distric	t No No. in Registration Book
City of(No	(Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)
FULL NAME OF CHILD . Jan	{ If child is not yet named, make supplemental report as directed
SEX OF Twise  Triplet or other  Twise and Number in order of birth	Legiss DATE OF FL 3 (day) 190 (var)
FULL STATHER POST OFFICE ADDRESS	FULL MAIDEN NAME POST OFFICE ADDRESS
COLOR OR RACE  AGE AT LAST 9 (Years)	COLOR OR RACE AGE AT LAST / 9 (Years)
OCCUPATION  Tennel	OCCUPATION HE WISE
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING PE  I hereby certify that (I attended) the birth of above child, (an  Cross out words we  (Signature) 9. 8 Calling Date  (Attending Physician, Midwife, Father, Information)	nd that it) occurred on 2/3, rgo 9, at 680 M.
What steps have been taken to prevent ophthalmia neonatorus	m?
Filedrich 8 1909, Albert Kul	Registrar Address dutto

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 for each, and the number of each, in order of birth, stated.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a thild or a death in the family whenever no physician or midwife, as the case workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages. or to the township clerk in townships, wherein the birth or death occurred.

These reports must be made upon blanks furnished for that purpose by the
Minnesota State Board of Health, giving the information, so far as possible. asked for on blank.

asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the mouth preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 45

Laws of 1907.

# Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a or township. If in a city, the ward, street and house number, the name of the same to be given instead of the street and house number.

(2) Full name of child.

"(3) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar

Full name of child.

Chinese, Japanese, or other.

, Japanese, or other. Condition—as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father. Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.
(15) Signature and address of informant.
(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.
"(e) Stillborn children, or those dead at birth shall be registered as births. and also as deaths, and a certificate of both the birth and death shall be filed and also as deaths, and a certificate of both the burth and death shall be filled with the local registrar in the usual form and manner, the certificate of the contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born any copy of the same, after the same is filed in the office of the local registrar, any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar and entering the desired to the local registrar of the district in which is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar of the district in which is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same to the company the same to the comp

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificates cate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF	1 0 4		S		MINNESO7 Vital Statistics	ГА
we are an area of the same of	incet	un		RECORD	OF BIRTH	
OR Village ofor					Registration Book	
FULL NAME OF CHILD		Wehn			St.;	named make
SEX OF M	Twin Triplet or other	and Number in order of birth	Legiti- mate	DATE OF BIRTH	26.6	(day) 190. 9 (year)
FULL NAME	FATHER		FULL MAIDEN NAME	(Ann	MOTHER	him
POST OFFICE ADDRESS			POST OFFI	CE		
COLOR OR BACE	AB	GE AT LAST IRTHDAY(Years)	COLOR OR RACE	W	AGE AT LAST BIRTHDAY	クエ (Years)
BIRTHPLACE (STATE OR COUNTRY)			BIRTHPLAC (STATE OR	COUNTRY)	airon	and
OCCUPATION			OCCUPATIO	IN Lou	de ma	id
NUMBER OF CHIL	LD OF THIS MOTHER		NUMBER O	F CHILDREN OF THE	S MOTHER, NOW LIVING	0
	CERTIFIC	CATE OF ATTENDING	PHYSICIAN,	MIDWIFE OR	PARENT	n
I hereby certify (Signature)	that (I attended)	the birth of above child, Cross out word	(and that it) oc s which do not ap ated 3	ccurred on 2/	, 190 g, at	4 M
		Physician, Midwife, Pather, I vent ophthalmia neonate	/	- (		_
Filed 3		all. Kuh	9- 3	L Address		2)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, whereof child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

within ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases officer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages. a birth occurred, a certificate giving the place of birth, date of birth, name or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible. asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454. Laws of 1907.

## Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

Chinese, Japanese, or other.

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country. Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant. (16) Signature and address of reporting official.

(17) Date when certificate was filed and registered. "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed. with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the any copy of the same, after the same is filed in the office of the local registrary cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty. prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree.

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwire, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, is, Japanese, or other.

Condition—as twins, illegitimate, etc.

Date of birth, including year, month and day.

Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother with age.

Maiden name of mother with age.

Maiden name of mother with age.

Since the matter to the local health officer for immediate investigation, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and sall then present the certificate of death to the attraction permit. present the certificate of death to the attending physician, if any, or to the present the certificate of death to the attending physician, it any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer. and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or

No. 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 for each, and the number of each, in order of birth, stated.

	en the parents must make this return in writing. See instruction on Back.
PLACE OF BIRTH	STATE OF MINNESOTA

PLACE OF BIRTH	STATE OF MINNESOTA
County of Mille Cacs	Division of Vital Statistics
Tringe to	RECORD OF BIRTH
Township of	RECORD OF BIRTH
Village of Reg	District No
City of(No	St.;Ward)
FULL NAME Leny John B.	Clican The child is not yet named, make supplemental report as directed.
SEX OF Single Twin Triplet and Number in order of birth	Legitt BIRTH 19
FULL FATHER FATHER	FUEL Emma Matherindehm
POST OFFICE ADDRESS	POST OFFICE ADDRESS
OR RACE WW AGE AT LAST STRINTHDAY (Year	COLOR OR RACE W AGE AT LAST Z-9 (Years)
BIRTHPLACE (STATE OR COUNTRY) Sermany	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION James	OCCUPATION Aurilia
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTEND	DING PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above Cross out	we child, (and that it) occurred on
(Signature) (Attending Physician, Midwife, Father	Dated 19 Address color er, Informant)—Cross out words which do not apply.
What steps have been taken to prevent onhthalmia	a peopatorum?

fos. forman Registrar

finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

### Extracts from Chapter 454, Laws of 1907.

items:

(1) Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

(3) Sex.

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-

wife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; filed in the office of the local registrar of the district in which such the cause of the stillbirth, if known, whether a premature birth, and if born pre-birth or death, or any copy of the same, after the same and a burial or removal permit, in usual form, shall be reshall violate any provision of this paragraph shall be guilty

"(j) The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated

> "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the correctioner. The embalmer or undertaker shall also obtain and filer with such registrar, the certificate of death, and secure aburial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending hysician if each to the attending hysician if certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal per mit to the box containing the corpse; said permit shall are company the same to the point of destination to be there delivered to the local registrar of the district in which such

quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at a birth a Packarte Relation must be made for each, and the number of each, in order of birth, stared.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH	STATE OF MINNESOTA
County of mills Lace	Division of Vital Statistics
Township of Princeton	RECORD OF BIRTH
	(Above numbers to be filled in only by local registrar or his deputy)
City of (No.	., St.; Ward)
FULL NAME Julda Cosetta	Rust Sipplemental report as directed
SEX OF Triplet and Number in order of birth	Legitimate DATE OF Jule 50 (Month) (day) 190 (year)
FULL Laws FATHER Rush	MAIDEN Coloris time Borg
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR BACE AGE AT LAST 4-5 (Years)	COLOR OR RACE AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Larmer	OCCUPATION
NUMBER OF CHILD OF THIS MOTHER.	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING P	HYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above child, (an Cross out words where the control of the contr	nd that it) occurred on, 190, atM.
What steps have been taken to prevent ophthalmia neonatoru	
Filed 3 3 1909, albert 10	Registrar

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a of the dwissing deep in townsings, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in town-Local health officers in cities and villages, and township cierks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

Chinese, Japanese, or other.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. Occupation of father.

Maiden name of mother, with age, Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.
(18) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillborn, and if born any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

"(j) The certificate of birth shall contain the following items:

(i) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the without attendance of either physician or midwire, shall be treated as deaths without attendance.

(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar found death, and when so notified such registrar shall issue a burial permit. Sex.
Color or race—as white, black (negro or negro descent), Indian,
Languages, or other.
Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.

The embalmer of undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and estimation, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and the properties of the case render it probable that the death was caused by violence, and not by casualty shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the arbeitness thall delivered to the embalmer. and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

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 for each, and the number of each, in order of birth, stated.

When no attending physician or midwife, then the parents must make this return in writ	
when no attending physician of inidwife, then the parents must make this return in write	ing. See instructions on Back

PLACE OF BIRTH	STATE OF MINNESOTA
County of Mills Face	Division of Vital Statistics
Township of rencetor	RECORD OF BIRTH
	No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of (No.	,
FULL NAME Lilly ziebarth	{ If child is not yet named, make supplemental report as directed
SEX OF Twin Triplet or other and Number in order of birth	Legitimate DATE OF DUG. 3/ (day) 190 Gear)
FULL NAME Richard Brebarth	FULL MAIDEN Ausla MOTHER Cable
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE AGE AT LAST SIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION farmer	OCCUPATION
NUMBER OF CHILD OF THIS MOTHER.	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING PH	YSICIAN. MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above child, (an Cross out words wh	d that it) occurred on 72/, 190 9, at 100 M. ich do not apply d 27 2 7 100 9 Address Princilo.
What steps have been taken to prevent ophthalmia neonatorur	n?
Filed 37 37 1909, albert Ku	ultillandress "
	Registrar

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, whereof Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

within ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases officer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages, a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the These reports must be made upon blanks furnished for that purpose by the company of child, sex and color, and such other information as is required on the These reports must be made upon blanks furnished for that purpose by the blanks furnished for the return of a birth by the Minnesota State Board Minnesota State Board of Health, giving the information, so far as possible. asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

hospital, or other institution, the name of the same to be given instead of the without medical attendance. street and house number.

Full name of child.

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.
Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

Occupation of mother. now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant,

(16) Signature and address of reporting official.(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the any copy of the same, after the same is filed in the office of the local registrar. cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign (1) Place of birth, including state and county, together with city, village certificates for stillborn children, but such cases, and stillbirths occurring or township. If in a city, the ward, street and house number. If in a without attendance of either physician or midwife, shall be treated as deaths

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the (13) Number of child of this mother and number of children of this mother record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permitto the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or

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 for each, and the number of each, in order of birth, stated.

When no attending physician or midwife	, then the parents must make this return in writing	San instructions on Paul

PLACE OF BIRTH		STATE OF MINNESOTA		
County of Titlle Jacs		Division of Vital Statistics		
Township of Mindleson		RECORD OF BIRTH		
Village of OR	Reg. District	No. In Registration Book (Above numbers to be filled in only by local registrar or his deputy)		
City of	(No,	,		
FULL NAME OF CHILD	Schris	If child is not yet named, make supplemental report as directed		
SEX OF Twin Triplet or other and	Number of birth	Legiti- mate Legit		
FULL FATHER POST OFFICE		MAIDEN MOTHER Bunder		
ADDRESS		POST OFFICE ADDRESS M. P.		
COLOR OR RACE AGE AT LAST BIRTHDAY	3 C	COLOR UR RACE AGE AT LAST Q Q (Years)		
BIRTHPLACE (STATE OR COUNTRY)	m	BIRTHPLACE (STATE OR COUNTRY)		
occupation James	,	OCCUPATION H Wrife.		
NUMBER OF CHILD OF THIS MOTHER		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING		
CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT				
I hereby certify that (I attended) the birth	of above child, (and	d that it) occurred on 2. 23, 190 9, at M.		
1 1 0 1		1 Male ( 1967 , Address Princelov		
What steps have been taken to prevent ophth	nalmia neonatorum	1?		
Filed mely 9 190 9, alle	it. Kril	Registrar Outto		

officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a whild or a death in the family whenever no physician or midwife, as the case workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, where-within ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454

Laws of 1907.

# Extracts from Chapter 454, Laws of 1907.

"(i) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the without medical attendance. street and house number.

Full name of child.

(2) (3) Color or race—as white, black (negro or negro descent), Indian,

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.

Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father. Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed and also as deaths, and a certificate of both the birth and death shall be filled with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the complete dertificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination

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 for each, and the number

County of Marie Or Child of Triplet of Date of Marie	ounty of Mulle Jaco	STATE OF MINNESOTA
Village of Reg. District No. No. in Registration Book OR (Above numbers to be filled in only by local registrar or City of (No. ), St.; V  FULL NAME OF CHILD And Number of CHILD And Priplet or other and in order of birth (Month) (day)  FULL NAME OF CHILD And Number of CHILD And Post of Figure And Significant Andrews	^	
City of		RECORD OF BIRTH
FULL NAME OF CHILD.  SEX OF CHILD.  Twin Triplet Or other  FULL NAME POST OFFICE ADDRESS  BIRTHPLACE (STATE OR COUNTRY) OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILD OF THIS MOTHER  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on Cross out words which do not apply		No. In Registration Book
SEX OF CHILD  Twin CHILD  Triplet Or other  Trip		
COLOR OR RACE  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILD OF THIS MOTHER  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on 3 3, 190 7, at 6  Cross out words which do not apply		If child is not yet named, make supplemental report as directed
POST OFFICE ADDRESS  COLOR OR RACE BIRTHDAY  OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on Cross out words which do not apply  MAIDEN NAME  POST OFFICE ADDRESS  COLOR OR RACE  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on Cross out words which do not apply	Triplet and in order	Legiti- BIRTH 190
COLOR OR RACE  AGE AT LAST OR RACE  BIRTHDAY. (Year)  OCCUPATION  NUMBER OF CHILD OF THIS MOTHER.  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on 5, 190 7, at Cross out words which do not apply	NAME POST OFFICE	MAIDEN NAME ON A SINULE
OR BACE  BIRTHDAY  OR BACE  BIRT	DRESS	ADDRESS /
OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on 5, 1907, at  Cross out words which do not apply	OR RACE BIRTHDAY	The state of the s
NUMBER OF CHILD OF THIS MOTHER		
CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on 5, 190 7, at 6  Cross out words which do not apply	JECUPATION James!	OCCUPATION H Was
I hereby certify that (I attended) the birth of above child, (and that it) occurred on 3 / 5, 190 7, at Cross out words which do not apply	NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
Cross out words which do not apply		0/1
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply	cross out words which	ch do not apply  Male 8 100 9 Address Page 150
What steps have been taken to prevent ophthalmia neonatorum?	hat steps have been taken to prevent ophthalmia neonatorum	1?
Filed Mach 8 1907, albert Kulfeld Address dette	In 1 a a note to N 1	field Address ditto

# REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS. Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, where it is in the local health in the birth or death occurred. Corporer shall report the deaths of all confinements and confinements and villages, or to the township clerk in townships, where it is in the birth or death occurred. Corporer shall report the deaths of all confinements are confinements.

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454

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The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

(2) (3) Sex.

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

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without medical attendance. "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge, if the close of burial before intering the body, and when chirach has any of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-



When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back. PLACE OF BIRTH County of WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD-in case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. Township of Village of OR City of... (No FULL NAME OF CHILD Twin Triplet SEX OF and CHILD or other FULL FATHER POST OFFICE ADDRESS COLOR AGE AT LAST OR RACE BIRTHPLACE (STATE OR COUNTRY) OCCUPATION NUMBER OF CHILD OF THIS MOTHER What steps have been taken to prevent ophthalmia neonatorum?

# STATE OF MINNESOTA

		Division	of Vital Statistics	Dr.
		RECOR	D OF BIRTH	AD
Reg. District	No(Above num	No. i	n Registration Boo	k istrar or his deputy)
)•	,		St.;	
Hall	hus		If child is not ye supplemental re	et named, make port as directed
Number n order of birth	Legiti- mate/	DATE OF BIRTH	moh (Month)	(day) 190 (ear)
	FULL MAIDEN NAME	0/	MOTHER	m /
	POST OFFICE ADDRESS	W-		
(ears)	COLOR OR BACE	2/	AGE AT LAST BIRTHDAY	3 /
	BIRTHPLACE (STATE OR CO	UNTRY)	enna	my.
	OCCUPATION	+	+ Wile	, -/
1	NUMBER OF C	HILDREN OF T	HIS MOTHER, NOW LIVIN	g 2

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that	(I attended) the birth of abo	ove child, (and that it	t) occurred on	16,100%.	., at M.
		s out words which do no			
(Signature) /bly	1 tolth	us Dated In	who I Tron	9 Address	Princelon
, ,	(Attending Physician, Midwife	, Father, Informant)—(	Cross out words which	n de not apply	

Registrar

N. B.

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a whild or a death in the family wnenever no physician or midwife, as the case tay be, was in a tendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

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These reports must be made upon blanks furnished for that purpose by the
Minnesota State Board of Health, giving the information, so far as possible.

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(2) (3)

Chinese, Japanese, or other,

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.
Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age. Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother

now living. (14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.
"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed. and also as deaths, and a certificate of both the object and death shall be filled in with the local registrar in the usual form and manner, the certificate of the there delivered to the local registrar of the district in which such interbirth to contain in place of the name of the child, the word "stillbirth."

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without medical attendance of entire physician of midwie, shall be treated as deaths al, or other institution, the name of the same to be given instead of the and house number.

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Sex.

Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation or refer the matter to the local health officer for immediate investigation or refer the matter to the local health officer for immediate investigation or refer the matter to the local health officer for immediate investigation or refer the matter to the local health officer for immediate investigation or refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter to the local health officer for immediate investigation and refer the matter for the local health officer for immediate investigation and refer t and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial before interring the body, and when shipped by any of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD-In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the numbe

PLACE OF BIRTH	STATE OF MINNESOTA
County of Mulle Sac	Division of Vital Statistics
Township of Princelon	RECORD OF BIRTH
Village of	Reg. District No. No. in Registration Book
OR City of	(No
FULL NAME OF CHILD	If child is not yet named, make supplemental report as directed.
SEX OF Twin Triplet or other	Number in order of birth Legiti- matter of BIRTH (Month) (day) 190
NAME MICH PATHER	FULL MOTHER MOTHER NAME STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE BIRTHDAY	COLOR OR RACE AGE AT LAST 2 5 (Years)  (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION James	OCCUPATION A PAINT.
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 3
CERTIFICATE OF	ATTENDING PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth	of above child, (and that it) occurred on 19, 1909, at 2006
(Signature) A R) Oaloy (Attending Physician, 1	Dated Jon 3 190 9, Address Dunco stidwife, Father, Informant Cross out words which do not apply

legistrar

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Full name of child.

(2) Sex.

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father, with age.

Birthplace of father, state or foreign country. Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant,

(16) Signature and address of reporting official.

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MARGIN RESERVED FOR BINDING

PLACE OF BIRTH County of Mulle S	aco	STA	TE OF MINNESO Division of Vital Statistics	OTA
Township of Prince	elone		RECORD OF BIRTH	MA
Village of OR	Reg. District	(Above numb	No. in Registration Bo ers to be filled in only by local re	ok
City of	(No	,	St.;	Ward)
FULL NAME OF CHILD	Pås	<u></u>	{ If child is not supplemental r	yet named, make report as directed
SEX OF Twin Triplet or other	and Number in order of birth		DATE OF Month)	(day) 190 (year
FULL FATHER POST OFFICE ADDRESS	. E as	FULL MAIDEN NAME POST OFFICE ADDRESS	enthers.	maste
	GE AT LAST (Years)	COLOR OR RACE	AGE AT LAST BIRTHDAY	(Years)
OCCUPATION OCCUPATION	ster-Vill	OCCUPATION	ale H Wij	le.
NUMBER OF CHILD OF THIS MOTHER.	0	NUMBER OF CHI	LDREN OF THIS MOTHER, NOW LIVE	NG 4/
I hereby certify that (I attended) (Signature) Cl. Pl C. 9	the birth of above child, (an Cross out words when Date hysician, Midwife, Father, Infor	d that it) occurrich do not apply	ed on 3/19, 190 7, 8	)
What steps have been taken to pre-	vent ophthalmia neonatorui	n?		
Filed afre 3 100 9	allest H.	0.0.0.	laddress olit	ta

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(2) (3)

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.
Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age. Birthplace of mother, state or foreign country.

Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

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Color or race—as white, black (negro or negro descent), Indian, se, Japanese, or other.

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"(k) No person shall wilfully alter any certificate of birth or death, or

No. 48 When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

per	PLACE OF BIRTH County of Mulle Saco	STATE OF MINNESOTA Division of Vital Statistics			
e num	Township of Princeton	RECORD OF BIRTH			
RECORD 1, and the n		No No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)			
T R	City of (No.	St.;Ward)			
PERMANENT RECORD t be made for each, and the number	FULL NAME OF CHILD	If child is not yet named, make supplemental report as directed			
A PER	SEX OF Twin-Triplet or other and Number in order of birth	Legiti DATE OF Month (day) 190 (year)			
S IS	FULL FATHER PARTY FATHER	FULL MOTHER MOTHER NAME PARAMETERS AND MOTHER MOTHER			
REJ rth, st	POST OFFICE ADDRESS	POST OFFICE ADDRESS			
NG INK— EPARATE order of bir	COLOR OR RACE AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE AGE AT LAST Y (Years)			
a S in	BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)			
UNFAI a birth of each,	OCCUPATION Salver.	OCCUPATION A Whife			
VITH child at	NUMBER OF CHILD OF THIS MOTHER.	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING			
PLAINLY, WITH more than one child at	CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on the control of				
WRITE PI					
Nu In	What steps have been taken to prevent ophthalmia neonatorun	1?			
N. B.	Filed april 3 190 9, albert Pu	Registrar Outlo			

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Full name of child.

(2) Sex. Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.
Maiden name of mother, with age.

Birthplace of mother, state or foreign country. Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

without medical attendance. "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the present the certificate of death to the attending physician, it any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the lates of burial before intering the body and when shinned by any of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH	STATE OF MINNESOTA
County of Mill Sacs	Division of Vital Statistics
Township of Parkens selvin.	RECORD OF BIRTH
	rict No No. in Registration Book
OR	(Above numbers to be filled in only by local registrar or his deputy)
City of (No.	
FULL NAME OF CHILD YOU	\[ \int \text{ If child is not yet named, make supplemental report as directed} \]
SEX OF CHILD Twin Triplet or other and Number in order of birth	Legiti- DATE OF ON (day) 190 (year)
FULL NAME GOOD FATHER	FULL MOTHER NAME State of the
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR BACE AGE AT LAST SERTHDAY (Years)	COLOR OR RACE  AGE AT LAST 9 3 (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Farmer	OCCUPATION H Write-
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
	PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above child, Cross out words	(and that it) occurred on, 190, atM. which do not apply
(Signature) Fine the Klew Discount of Cattending Physician, Midwife, Father, In	ated O. A. 14 190 9, Address Machine
What steps have been taken to prevent ophthalmia neonato	rum?
Filed Olps 14 1907, albert A	relifications of the
	Registrar

WRITE PLAINLY, WITH UNRADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at a birth a SEPRAKATE RETURN must be made for each, and the number of each, in order of birth, stated.

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, wherein thin ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases ficer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred.

These reports must be made upon blanks furnished for that purpose by the
Minnesota State Board of Health, giving the information, so far as possible.

Local health officers in cities and villages, and township clerks in town-Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

#### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

or township. If in a city, the ward, street and house number. If in a

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. Occupation of father.

Maiden name of mother, with age.

- Birthplace of mother, state or foreign country.
- Occupation of mother. (13) Number of child of this mother and number of children of this mother
- now living.

(14) Signature and address of attending physician or midwife.
(15) Signature and address of informant.
(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.
(18) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed. with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall viola prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree.'

or removal permit, in usual form shall be required. Midwives shall not sign (1) Place of birth, including state and county, together with city, village certificates for stillborn children, but such cases, and stillbirths occurring township. If in a city, the ward, street and house number. If in a without attendance of either physician or midwife, shall be treated as deaths

or township. If in a city, the ward, street and house number. If in a city, the ward, street and house number, the name of the same to be given instead of the street and house number.

(2) Full name of child.
(3) Sex.

without medical attendance.
"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit. or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, record as herein required. He shall then state the date and place of burnar, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burnar permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. N. B.-

	s must make this return in writing. See instructions on Back.
PLACE OF BIRTH	STATE OF MINNESOTA
County of July Jack	Division of Vital Statistics
Cownship of Procelion	RECORD OF BIRTH
Village of Reg. Dist	(Above numbers to be filled in only by local registrar or his deputy)
City of (No.	
FULL NAME Oda Botha C	Dane Arch [If child is not yet named, make supplemental report as directed
SEX OF Twin  Triplet or other  Twin  and Number in order of birth	Legifi BIRTH (Month) 2 190 (day) 190 (year)
FULL FATHER NAME POST OFFICE	FULL MAIDEN MOTHER NAME POST OFFICE
DDRESS	ADDRESS /
COLOR OR RACE  Wears  AGE AT LAST Control (Years)	COLOR OR RACE  AGE AT LAST 8  (Years)
BIRTHPLACE (STATE OR COUNTRY) Of eman	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION James /	OCCUPATION H Wife -
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
I hereby certify that (I attended) the birth of above child,  Cross out words  Signature)	swhich do not apply  ated I me 5 100 9 Address Primals
(According Physician, midwife, Patner, II	nformant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed Caral 5 190 9, Albert & Algeria Address Clutto

Registrar

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board Minnesota State Board of Health, giving the information, so far as possible. of Health.

Parents shall give notice to the local health officer in cities and villages. or to the township clerk in townships, wherein they reside, of the birth of a whild or a death in the family wnenever no physician or midwife, as the case tay be, was in a tendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the

> Local health officers in cities and villages, and township clerks in township throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454

Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village certificates for stillborn children, but such cases, and stillbirths occurring or township. If in a city, the ward, street and house number. If in a without attendance of either physician or midwife, shall be treated as deaths hospital, or other institution, the name of the same to be given instead of the without medical attendance. street and house number.

Full name of child.

Sex.

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.
Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillborth, if known, whether a premature birth, and if born any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the state of the st (15) Signature and address of informant.
(16) Signature and address of informant.
(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.
(18) Date when certificate was filed and registered as birth shall be registered as birth sh the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

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 for each, and the number

When no attending	physician or midwife,	then the parents m	nust make this return in writing. See instructions on Back.
PLACE OF			STATE OF MINNESOTA
County of	ille Sae		Division of Vital Statistics
Township of P	rncelo	7	RECORD OF BIRTH
Village of		Reg. Distric	ct No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)
City of	**********	(No	., A
FULL NAME OF CHILD		J'al	If child is not yet named, make supplemental report as directed
SEX OF CHILD	Twin Triplet or other	nd Number in order of birth	Legiti- mate  BIRTH  Month  Month  190  Gear)
FULL NAME	FATHER		FUEL MAIDEN BOTHER GOTHE
POST OFFICE ADDRESS			POST OFFICE ADDRESS
COLOR OR RACE	AGE AT LAS BIRTHDAY	(Years)	COLOR UR BACE AGE AT LAST SO (Years)
BIRTHPLACE (STATE OR COUNTRY)	Jans		BIRTHPLACE (STAYE OR COUNTRY)
OCCUPATION CO	spend	er-	OCCUPATION H Wife -
NUMBER OF CHILE	O OF THIS MOTHER		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 2
	CERTIFICATE O	F ATTENDING PI	HYSICIAN, MIDWIFE OR/PARENT
I hereby certify t	hat (I attended) the birt	h of above child, (an	and that it) occurred on 5/2, 190, 190, at M.
(Signature) Bland	ta fra (Attending Rhysician,	Act Date	() i= 0 10 1
What steps have bee	en taken to prevent oph	thalmia neonatoru	ım?
Filed we	7, Oil	et Kul	Registrar Address Culto.

officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a "hild or a death in the family wnenever no physician or midwife, as the case Tay be, was in a tendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, where within ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month, preceding and after the same have been copied in their register.

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# Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

 Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a or township. If in a city, the ward, street and house number. If in a city, the ward, street and house number. Without medical attendance, without medical attendance, it shall be the control of the street and house number.

(2) Rull paper of child.

(3) Rull paper of child.

Full name of child.

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.

Birthplace of father, state or foreign country. Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.
(17) Date when certificate was filed and registered.
(18) The stillborn children, or those dead at birth shall be registered as births. and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

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of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

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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 for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		STATE O	F MINNESOTA
County of Mille Sac	<b>b</b> .		of Vital Statistics
Township of Princelos	r		RD OF BIRTH
Village of OR	Reg. District No	No. i	in Registration Book
City of	(No,		St.; Ward)
FULL NAME OLICO	Hoef	t	If child is not yet named, make supplemental report as directed
SEX OF Twin Triplet or other		egiti- nate DATE OF BIRTH	(Month) (day) 190 (year)
FULL FATHER POST OFFICE POST OFFICE	,	FULL MAIDEN NAME POST OFFICE .	Ly gust
DDRESS /		ADDRESS	1
COLOR OR RACE BIRTHDAY	(Years)	COLOR OR BACE	AGE AT LAST (Years)
BIRTHPLACE (STATE OR COUNTRY)		BIRTHPLACE (STATE OR COUNTRY)	9/10
OCCUPATION Farm	er '	OCCUPATION	Wife.
NUMBER OF CHILD OF THIS MOTHER	N	NUMBER OF CHILDREN OF THE	HIS MOTHER, NOW LIVING.
CERTIFICATE (	OF ATTENDING PHYS	ICIAN MIDWIEF OF	DADIONT.
I hereby certify that (I attended) the bir	th of above child, (and th	nat it) occurred on	11 ~
Signature) Harry Hold	Cross out words which of Dated party of Midwife, Father, Informan	une 5 100	9 Address Rancola
What steps have been taken to prevent op			
A	1	4 /	, 4

fuld Registrar

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board

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# Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

Sex. Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.
Date of birth, including year, month and day.
Full name of father, with age.
Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein permit. He shall also obtain the personal and statistical particulars steeling required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate. to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty

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 for each, and the number of each, in order of birth, stated. MARGIN RESERVED FOR BINDING

When no attending physician or	midwife, then the parents	must make th	is return in writing,	See instructions on Back
PLACE OF BIRTH		ST	ATE OF MIN	NNESOTA
County of	·y		Division of Vital S	Statistics
Township ofel	Reg. Distric	at No	RECORD OF E	116
Village of  OR  City of	(No	(Above	e numbers to be filled in o	nly by local registrar or his deputy)St.:Ward)
FULL NAME OF CHILD	Henrichel	? 		child is not yet named, make pplemental report as directed
SEX OF Triplet or other	and Number in order of birth	Ligitis mate 1/20	DATE OF June	
FULL MAME August PATHER		FULL MAIDEN NAME	Mary Su	
POST OFFICE ADDRESS		POST OFFICE ADDRESS		
COLOR OR HACE	AGE AT LAST 53 BIRTHDAY (Years)	COLOR OR RACE	w	AGE AT LAST 37 BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY) Lerman	au .	BIRTHPLACE (STATE OR (		P
OCCUPATION Farmer		OCCUPATION	Herefo	,
NUMBER OF CHILD OF THIS MOTHER	6	NUMBER OF	F CHILDREN OF THIS MOTH	ER, NOW LIVING
CERTIF	FICATE OF ATTENDING	PHYSICIAN, N	MIDWIFE OR PARE	NT , 15°C
I hereby certify that (I attended) th	ne birth of above child, (an Cross out wor	d that it) occurreds which do not ap	ed on,	0, at
(Signature) (Attending		ted		ddress. Truceton
What steps have been taken to prev	ent opthalmia neonatorum	3.2/	7,	
Fîled	allet	Registrar	Address	!!

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth oc-curred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

#### Extracts from Chapter 454, Laws of 1907

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

(3) Sex.

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other. Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age. (11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children. but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

without medical attendance. "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to. complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of

forgery in second degree."

	TP W W
When no attending physician or midwife, then the parents me	ust make this return in writing. See instructions on Back.
PLACE OF BIRTH	STATE OF MINNESOTA
County of the Rac	Division of Vital Statistics
Township of Franceton	RECORD OF BIRTH
Village of Reg. District	No. In Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)
City of (No	,Ward)
FULL NAME August Narl	Allin Olts If child is not yet named, make
SEX OF Twin Triplet or other and Number in order of birth	Legiti- BIRTH (Month) (day) 190 (year)
FULL Stathur Otto Strange	MAIDEN Parie Magdal Pelos
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE AGE AT LAST 32 (Years)	COLOR OR BIRTHDAY (Years)
BIRYHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Ainster	OCCUPATION Strips
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING.

# CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT I hereby certify that (I attended) the birth of above child, (and that it) occupred on the control of the control of

What steps have been taken to prevent ophthalmia neonatorum?

Filed 7 7 790 7, Albert Mulfielddress Registrar

Cencetor

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, where the confinement in the local health in the birth or death occurred. Coroners shall report the deaths of all pases ficer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages, or or to the township clerk in townships, wherein the birth or death occurred.

These reports must be made upon blanks furnished for that purpose by the
Minnesota State Board of Health, giving the information, so far as possible,

Local health officers in cities and villages, and township clerks in town-Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142. Revised Laws, 1905, also Chapter 454

## Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age.
Birthplace of mother, state or foreign country.

Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife. (15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

(18) Signature and address of reporting official.

(19) Date when certificate was filed and registered.

(19) Date when certificate was filed and registered.

(19) Date when certificate of both the birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed the corpse; said permit shall accompany the same to the point of destination with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the same is filed in the office of the local registrar.

(18) Signature and address of reporting official.

(19) The number of the child, the word "stillbirth."

The medical certificate of birth or death, or physician, if any, and shall state the cause of death as "stillborn," with the cause of the same is filed in the office of the local registrar. cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

or township. If in a city, the ward, street and house number. If in a city, the ward, street and house number, the name of the same to be given instead of the street and house number.

(2) Full name of child.
(3) Sex.

without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the eate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge

D sach,	County of County	STATE OF MINNESOTA Division of Vital Statistics
Cor.	Township of rivellar	RECORD OF BIRTH
ANENI KECOKD must be made for each,	OR (Above no	No. in Registration Book
PERMANEN TTURN must be stated.	FULL NAME Ce Reby	If child is not yet named, make supplemental report as directed.
PRE P.	SEX OF CHILD Single Twin Triplet and Number in order of birth	Legiti BIRTH (Month) 20 19 (year)
	FULL Charles FATHER	MAIDEN Cristers of Plana
PA er	POST OFFICE ADDRESS	POST OFFICE ADDRESS
In a II	COLOR OR RACE AND AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE OW AGE AT LAST Z-Y BIRTHDAY (Years)
e a B	BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
UNFAD child at umber of	OCCUPATION James	OCCUPATION Ange
TH one	NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
than and th	CERTIFICATE OF ATTENDING I	PHYSICIAN, MIDWIFE OR PARENT
NLY more	I hereby certify that (I attended) the birth of above child	d, (and that it) occurred on
PLAI se of	(Signature)	19/0, Address francella
WRITE B.—In ca	What steps have been taken to prevent ophthalmia neons	udfiel Kddress "

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank,

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454. Laws of 1907.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

> Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

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# Extracts from Chapter 454, Laws of 1907.

"(j)

(1) Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
(2) Full name of child.

scent), Indian, Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father with age.

Birthplace of father, state or foreign country,

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

wife. (15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre-birth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investi-Color or race—as white, black (negro or negro de- gation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed present to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of

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 for each, and the number of each, in order of birth, stated.

When no attending physician or midwife, then the parents me	E. M. M
PLACE OF BIRTH	STATE OF MINNESOTA
County of the Cals	Division of Vital Statistics
Township of Enceton	RECORD OF BIRTH
Village of Reg. District	No. in Registration Book
City of (No.	,Ward)
OF CHILD Be Javais	\[ \int \text{If child is not yet named, make} \\ \text{supplemental report as directed} \]
SEX OF CHILD Pwin and Number in order of birth	Legiti- BIRTH (Month) 26 (day) 190 (year)
FULL Pete Japoleon	FULL MAIDEN Suse Stenglem
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR BACE AGE AT LAST 26 (Years)	COLOR OR RACE AGE AT LAST SIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Laborer	OCCUPATION Awife
NUMBER OF CHILD OF THIS MOTHER.	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING.
CERTIFICATE OF ATTENDING PH  I hereby certify that (I attended) the birth of above child, (an  Cross out words wh  (Signature)  Date:	d that it) occurred on 26, 190 7, at 10 M.  ich do not apply  d 26 100 7 Address 2 100 6 m.
(Attending Physician, Midwife, Pather, Infor	mant)—Gross out words which do not apply
What steps have been taken to prevent ophthalmia neonatorum	held Address Princeton

Registrar

within ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases officer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages, a birth occurred, a certificate giving the place of birth, date of birth, name or to the township clerk in townships, wherein the birth or death occurred, or to the township clerk in townships, wherein the birth or death occurred. The service of the township clerk in townships, wherein the birth or death occurred to the local health officer in cities and villages, a birth occurred, a certificate giving the place of birth, date of birth, name or to the township clerk in townships, wherein the birth or death occurred. The local health officer in cities and villages, a birth occurred, a certificate giving the place of birth, date of birth, name or to the townships, wherein the birth or death occurred. The local health officer in cities and villages, a birth occurred, a certificate giving the place of birth, date of birth, name or to the township clerk in townships, wherein the birth or death occurred. The local health officer in cities and villages, a birth occurred, a certificate giving the place of birth, date of birth, name or to the township clerk in townships, wherein the birth or death occurred. The local health officer in cities and villages, a birth occurred, a certificate giving the place of birth, date of birth or death occurred. The local health officer in cities and villages, a birth occurred, a certificate giving the place of birth occurred, a certificate giving the place of birth occurred, a certificate giving the birth occurred in the local health officer in cities and villages, a birth occurred, a certificate giving the birth occurred in the local health officer in cities of the local health officer in cities of the local health officer in cities and villages, a birth occurred in the local health officer in ci blanks furnished for the return of a birth by the Minnesota State Board

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a or to the township circle in townships, whether they reside, of the bitth of thild or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, whereasked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

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Laws of 1907.

#### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a

Occupation of father. (10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

and also as deaths, and a certificate of both the birds and death shall be lined with the local registrar in the usual form and manner, the certificate of the contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born any copy of the same, after the same is filed in the office of the local registrar, any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of utcrogestation in months, if known; and a burial of forgery in second degree,"

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.
(3) Sex.
(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
(5) Condition—as twins, illegitimate, etc.
(6) Date of birth, including year, month and day.
(7) Full name of father, with age.
(8) Birthplace of father, state or foreign country.
(8) Birthplace of father, state or foreign country.

without attendance of either physician or midwife, shall be treated as deaths without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar further to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker hall also obtain and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker of the coroner father, we can be coroner the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty s permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the right permit to the sexton, or person in charge of the right permit to the sexton, or person in charge (17) Date when certificate was filed and registered.

of the place of burial, before interring the body, and when shipped by any "(e) Stillborn children, or those dead at birth shall be registered as births transportation company shall attach the removal permit to the box containing and also as deaths, and a certificate of both the birth and death shall be filed the corpse; said permit shall accompany the same to the point of destination with the local registrar in the usual form and manner, the certificate of to be there delivered to the local registrar of the district in which such inter-

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back. NO. 48 STATE OF MINNESOTA Division of Vital Statistics County of PERMANENT RECORD RECORD OF BIRTH Township of No. in Registration Book. Reg. District No Village of (Above numbers to be filled in only by local registrar or his deputy) City of ... If child is not yet named, make FULL NAME supplemental report as directed OF CHILD DATE OF Number Legiti-BIRTH SEX OF Triplet and in order mate. (Month) /(day) WATH UNFADING INK.—THIS IS A P. shild at a birth a SEPARATE RETURN must of each, in order of birth, stated. CHILD or other of, birth FULL MATDEN NAME MOTHER FATHER FULL POST OFFICE POST OFFICE ADDRESS **ADDRESS** AGE AT LAST BIRTHDAY..... AGE AT LAST BIRTHDAY COLOR COLOR OR RACE OR RACE (Years) (Years) BIRTHPLACE BIRTHPLACE (STATE OR COUNTRY (STATE OR COUNTRY) OCCUPATION OCCUPATION NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING NUMBER OF CHILD OF THIS MOTHER PLAINLY, more than of CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT I hereby certify that (Lattended) the birth of above child, (and that it) occurred on Cross out words which do not apply WRITE -In case of (Attending Physician, Midwife, Father, Informant)-Cross out words which do not apply What steps have been taken to prevent ophthalmid neonatorum?

Registrar

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, where within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages. or to the township clerk in townships, wherein the birth or death occurred.

These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible

Local health officers in cities and villages, and township clerks in town ships throughout the State of Minnesota, shall on or before the 10th day of ships throughout the State of minhesota, shall of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

# Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

Chinese, Japanese, or other.

Condition -- as twins, illegitimate, etc.

Date of birth, including year, month and day.
Full name of father, with age,
Birthplace of father, state or foreign country.
Occupation of father.
Maiden name of mother, with age.

(10)

(11) Birthplace of mother, state or foreign country,

Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree.

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths-

without medical attendance. "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar (3) Sex.
(4) Color or race—as white, black (negro or negro descent), Indian, innese, Japanese, or other.

(5) Sex.
(4) Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation, and certification, and also if the circumstances of the case render it probable. that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certifineath officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge. of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number

NO. 48

County of PLACE OF BUTH	STATE OF MINNESOTA Division of Vital Statistics
Township of Pruncetou	RECORD OF BIRTH
Village of	Reg. District No. 2 No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of C	Noff, St.; Ward)
FULL NAME Roy English	If child is not yet named, make supplemental report as directed
SEX OF M Triplet or other and	Number in order of birth Legiti- mate A B BIRTH (Month) (day) 190 (year)
FULL NAME WWARD FATHER SOLL	Per MATTER MOTHER GRAND IL
ADDRESS Water town	POST OFFICE ADDRESS
COLOR OR RACE  AGE AT LAST BIRTHDAY	COLOR OR RACE  AGE AT LAST  (Years)  (Years)
BIRTHPLACE (STATE OR COUNTRY) Water Town	awer (STATE OR COUNTRY) Holly wood Carver
OCCUPATION FARMER	OCCUPATION Farmer
NUMBER OF CHILD OF THIS MOTHER.	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
	ATTENDING PHYSICIAN, MIDWIFE OR DARENT of above child, (and that it) occurred on Mull, 190 , at Sign M. Cross out words which do not apply
(Signature) (Attending Physician, M	Dated 190 Address idwife, Father, Informant)—Cross out words which do not apply
	Alma neonatorum?
Filed Mug 7 190 9, 100	Registrar

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, whereofficer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name blanks furnished for the return of a birth by the Minnesota State Board

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a thild or a death in the family whenever no physician or midwife, as the case Tay be, was in a tendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

within ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages; or to the township clerk in townships, wherein the birth or death occurred. of child, sex and color, and such other information as is required on the These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Office of District

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register,

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the without medical attendance, street and house number.

Full name of child.

(4) Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.
Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country. Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

Signature and address of informant, (16) Signature and address of reporting official,

(17) Date when certificate was filed and registered.

(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if \(\lambda\_{n,n}\), when there a premature birth, and if the ordinary opposition of this paragraph shall be guilty prematurely, the period of \(\text{up}\_{n,n}\) copestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, Sex.

Of such death, and when so notified such registrar shall issue a burial permit,
Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

County of County			OF MI	NNESO7	TA S	Pais
Township of Treweston		R	ECORD OF	BIRTH	1/	物
Village of	Reg. District I	No ers to be filled				y)
City of	No,			St.;	War	rd)
FULL NAME OF CHILD	ward			l is not yet n nental report		
CHUD and in		Legiti DA mate Bil	TE OF CE	onth)	(day) (y	ear)
FULL Alfonso FATHER		FULL MAIDEN /C	itha	mother	m	
POST OFFICE ADDRESS		POST OFFICE ADDRESS			Hivay al	1
COLOR OR RACE AT LAST BIRTHDAY	38 (Years)	COLOR OR RACE	w	AGE AT LAST BIRTHDAY	28 (Years)	
BIRTHPLACE (STATE OR COUNTRY)	m	BIRTHPLACE (STATE OR COUNTR	r)			
OCCUPATION Laborer		OCCUPATION	ringe			
NUMBER OF CHILD OF THIS MOTHER 5		NUMBER OF CHI	DREN OF THIS MO	THER, NOW LIVIN	14	
CERTIFICATE OF ATT	TENDING PHY	SICIAN, MIL	WIFE OR F	ARENT		
I hereby certify that (I attended) the birth of	f above child, (a	nd that it) occu	irred on	3 ,199	., at. 40	M.
69 Vester	s out words which which was been been been been been been been bee	/3	19. 9. Addr	essdo not apply	rela	N.
What steps have been taken to prevent ophth	nalmia neonator	upo?				
Filed / T 19/5, alle	of min	speld A	ddress		1	

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank.

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

> Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

# Extracts from Chapter 454, Laws of 1907.

Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

(3) Sex.

Color or race-as white, black (negro or negro de-(4) scent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age. Birthplace of mother, state or foreign country.

(12) Occupation of mother

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillthe cause of death as "stillborn," with the cause of the stillthe cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prebirth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree.'

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated

> "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such

WRITE PLAINLY, WITH UNFADING. INK.—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at a birth a SERAKTE RETURN must be made for each, and the number of each, in order of birth, stated.

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NO. 48

County of Mills Jacs	STATE OF MINNESOTA  Division of Vital Statistics
Township of Frucepon	RECORD OF BIRTH
Village of Reg.	District No. No. in Registration Book 44
City of (No	(Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)
FULL NAME Herman Her	If child is not yet named, make supplemental report as directed
SEX OF Twin Triplet or other  Twin Triplet or other  and Number in order of birth	Legiting DATE OF Cent 190 (day) 190 (year)
FULL Henry Heitman	FULL Bligabeth Back
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE W   AGE AT LAST 4/ BIRTHDAY (Years)	COLOR OR RACE
BIRTHPLACE (STATE OR COUNTRY) Wis Consu	BIRTHPLACE (STATE OR COUNTRY) Illenois
OCCUPATION Brieflages	OCCUPATION Aveile
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
I hereby certify that (I attended) the birth of above concerns out (Signature). Henry Heifman	oing Physician, Midwife or Parent hild, (and that it) occurred on 1/29, 1909, at M. words which do not apply Dated 0/8 190 9, Address
rem deliber contact of the Array Lot Contact in section make a	her, Informant)—Cross out words which do not apply
What steps have been taken to prevent ophthalmia ne	Il I The state of
Filed 10/9 190 9, allect	Registrar Address France Com

within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board

Parents shall give notice to the local health officer in cities and villages, or to the township elerk in towe sings, wherein they reside, of the birth of a whild or a death in the family whenever no physician or midwife, as the case the work of the town sings. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, where it in the birth or death occurred. Coroners shall report the deaths of all cases ficer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, up in blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a without attendance of either hospital, or other institution, the name of the same to be given instead of the without medical attendance. street and house number.

Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. Occupation of father.

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." the medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

(2) Full name of child. (3) Sex. (4) Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local repetitar of such death, and when so notified such registrar shall issue a burial permit. and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the cate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination

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 for each, and the number of each, in order of birth, stated. MARGIN RESERVED FOR BINDING

When no attending physician or midwife, then the parents mu	
PLAGE OF BIRTH County of	STATE OF MINNESOTA Division of Vital Statistics
- Trincota	
Township of	RECORD OF BIRTH
Village of	O
City of (No./),	St.;Ward)
FULL NAME OF CHILD.	
SEX OF Triplet or other and Number in order of birth	Ligiti-yes DATE OF Rept 29 190 (Month) (day) 190 (year)
FULL NAME David FATHER	MAIDEN Lorgia MUTHER MUNICIPAL MAIDEN NAME
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE  AGE AT LAST 30 (Years)	COLOR OR RACE  AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY) MA	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Farmer	OCCUPATION Hwife
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING PH  1 hereby certify that (I attended) the birth of above child, (and the Cross out words where t	at it) occurred on,
(Signature)	

albert Kuhfrel
Registrar

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institu-tion, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank,

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

# Extracts from Chapter 454, Laws of 1907

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

Sex.

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father, with age.

Birthplace of father, state or foreign country. (9) Occupation of father.

Maiden name of mother, with age,

Birthplace of mother, state or foreign country. Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a

burial or removal permit, in usual form shall be required.

Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths

without medical attendance. "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

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 for each, and the number of each, in order of birth, stated.

1 1

NO. 48

PLACE OF BIRTH	STATE OF MINNESOTA
County of Milly Nacs	Division of Vital Statistics
Township of Francelon	RECORD OF BIRTH
Village of Reg. District	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy
City of (No.	., St.; Ward)
FULL NAME Adolph Ferdina	A Hodow Hong { If child is not yet named, make supplemental report as directed
SEX OF Twin Triplet or other  Twin Triplet or other  and Number in order of birth	Legiti-y DATE OF Clef 3 190 (day) 190 (gear)
FULL Herman Long	FULL MAIDEN Comman Remme
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE WYGERS)	COLOR OR RACE  AGE AT LAST BIRTHDAY  (Years)
BIRTHPLACE (STATE OR COUNTRY) Phi	BIRTHPLACE (STATE OR COUNTRY) Sermany
OCCUPATION Farmer	OCCUPATION Harife
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING.
CERTIFICATE OF ATTENDING P	HYSICIAN, MIDWIFE OR PARENT 30
I hereby certify that (I attended) the birth of above child, (a	
(Signature) Dat (Attending Physician, Midwife, Pather, Info	red 190 Address Tuncelon ormant)—Cross out words which do not apply
	The state of the s
What steps have been taken to prevent ophthalmia neonatoru	ım2

Registrar

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in town snips, wherein they reside, of the birth of a Hild or a death in the family whenever no physician or midwife, as the case by be, was in a tendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454

## Extracts from Chapter 454, Laws of 1907.

The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age. Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother (14) Signature and address of attending physician or midwife, (15) Signature and address of informatic now living.

(16) Signature and address of reporting official.(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths; and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the any copy of the same, after the same is filed in the office of the local registrar, cause of the stillbirth, if known, whether a premature birth, and the born any person who shall violate any provision of this paragraph shall be guilty prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree." physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as death

without medical attendance. "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar Sex.

Color or race—as white, black (negro or negro descent), Indian, set Japanese, or other.

Sex.

Of such death, and when so notified such registrar shall issue a burial peamit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable.

that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer. of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

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 for each, and the number of each, in order of birth, stated. MARGIN RESERVED FOR BINDING

When no attending physician or midwife, then the parents mu	ast make this return in writing. See instructions on Back
PLACE OF BIRTH Jacs	STATE OF MINNESOTA Division of Vital Statistics
Township of True ceton	RECORD OF BIRTH
Village of Reg. District N	(Above numbers to be filled in only by local registrar or his deputy)
FULL NAME OF CHILD	St.;Ward)  { If child is not yet named, make supplemental report as directed
SEX OF Twin Triplet or other and Number in order of birth	Ligitify BIRTH OF Cet (Month) (day) 190 (year)
FULL Abraham FATHER	MAIDEN Maggie Vernon
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE W AGE AT LAST SIRTHDAY (Years)	COLOR OR RACE  AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY) Tenn
OCCUPATION Laborer	OCCUPATION House
NUMBER OF CHILD OF THIS MOTHER.	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING PH  I hereby certify that (I attended) the birth of above child, (and the Cross out words with the Cross out words with the Company of the Company	mant) occurred on, 10/29,190.9, at
What steps have been taken to prevent opthalmia neonatorum?  Filed	Afield Address M. Registrar

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks fur nished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

## Extracts from Chapter 454, Laws of 1907

"(i) The certificate of birth shall contain the following items:

Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

- Sex.
- Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

(9) Occupation of father.

Maiden name of mother, with age. (10)

Birthplace of mother, state or foreign country. (11)

(12) Occupation of mother. (13) Number of child of this mother and number of chil-

dren of this mother now living. (14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required.

Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

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When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back, PLAGE OF BIRTH STATE OF MINNESOTA Division of Vital Statistics RECORD OF BIRTH Township of ...... Reg. District No..... No. in Registration Book..... Village of..... (Above numbers to be filled in only by local registrar or his deputy...) City of ..... (No. St.: Ward)... FULL NAME If child is not yet named, make OF CHILD supplemental report as directed. Single Number DATE OF BIRTH SEX OF Legitimo Twin and in order CHILD Triplet of birth (Month) (year) FATHER FULL MAIDEN POST OFFICE ADDRESS AGE AT LAST COLOR AGE AT LAST OR RACE BIRTHDAY OR RACE (Years) (Years) BIRTHPLACE BIRTHPLACE (STATE OR COUNTRY) (STATE OR COUNTRY) OCCUPATION OCCUPATION NUMBER OF CHILD OF THIS MOTHER NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

# 

Registrar

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1997.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

> Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shail on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

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(1) Place of birth, including state and county together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and nouse number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child. (2)

(3)

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-

wife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre-birth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re-shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated

> "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registram for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

> "(k) No person shall wilfully alter any certificate of

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

THE COLUMN SEPARATE RETURN must be made for each, stated. than one child at a birth a WRITE PLAINLY, In case of more

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NUMBER OF CHILD OF THIS MOTHER

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back. PLAGE OF BIRT OF MINNESOTA Division of Vital Statistics County of ..... RECORD OF BIRTH Township of Reg. District No..... No. in Registration Book..... Village of..... (Above numbers to be filled in only by local registrar or his deputy...) City of ..... **FULL NAME** If child is not yet named, make supplemental report as directed. OF CHILD Single Number DATE OF Legiti-SEX OF and Twin Triplet in order BIRTH CHILD mate of birth (day) (Month) FATHER MOTHER NAME MAIDEN NAME POST OFFICE POST OFFICE ADDRESS ADDRESS AGE AT LAST BIRTHDAY COLOR AGE AT LAST OR RACE OR RACE BIRTHDAY (Years) (Years) BIRTHPLACE EIRTHPLACE (STATE OR COUNTRY) (STATE OR COUNTRY) OCCUPATION OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN MIDWIFF OR PARENT

Continuous of the following the first only the ory through
I hereby certify that (I attended) the birth of above child, (and that it) occurred on
Cross out words which do not apply.
(Signature) (Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.
What steps have been taken to prevent ophthalmia neonatorum?

Registrar

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

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Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

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(1) Place of birth, including state and county together as deaths without medical attendance, with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution the name of the same to be given instead of the street and house number.

Full name of child.

(2) (3)

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

wife. (15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

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"(k) No person shall wilfully alter any certificate of birth, if known, whether a premature birth, and if born pre- birth or death, or any copy of the same after the same is and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty

o Office or

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PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

PLACE OF BIRCH	STATE OF MINNESUTA
County of Mulacacs	Division of Vital Statistics
Township of Livelton	RECORD OF BIRTH
OR Dietri	ict No
	imbers to be filled in only by local registrar or his deputy)
OR	imbers to be filled in only by local logistial of his departs.
City of (No	, St.;Ward)
all I mond I'l	
OF CHILD " July	If child is not yet named, make supplemental report as directed.
OF CHILD	(Supplemental report as an occasi
SEX OF Single   Number	Legitis DATE OF DE 1 10 09
CHILD Twin and in order of birth	mate BIRTH (Month) (day) (year)
FULL ES FATHER NAME	MAIDEN REGING Shuet
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE AU AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE ACE AT LAST 28 BIRTHDAY (Years)
SIRTHPLACE (STATE OR COUNTRY) Sermany	(STATE OR COUNTRY) Rumn
OCCUPATION Lamer	OCCUPATION Hruffe
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING I	PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above child	d, (and that it) occurred on 1909, at 62 M. which do not apply.
	rmant)—Cross out words which do not apply.
What steps have been taken to prevent ophthalmia neons	Afreld Address 1

Registrar

N. B.-

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Full name of child.

- Sex.
- (4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other,
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  - Birthplace of father, state or foreign country. Occupation of father.
  - (10) Maiden name of mother, with age.
  - (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physican or midwife.
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- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbe signed by the attending physician, if any and shall state the cause of death as "stillborn," with the cause of the still birth, if known, whether a premature birth, and if born pre-birth and if born pre-birth or death or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

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> (g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and ble with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such

District Court

When no attending physician or midwife	then the parents must make this return in wri	ting. See instruction on Back
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PLACE OF BIRTH County of				MINNESO Vital Statistics	TA
(7.			Division of V	- Statistics	
Township of Assuleton			RECORD	OF BIRTH	
OR	D D'				. 50
Village of	(Above nun	t No	No. in	Registration Bo	or his deputy)
OR DESCRIPTION OF THE PROPERTY	(Above hun	ibers to be i	med in only b.	y local registrar	or his deputy)
City of	(No	,		St.;	Ward)
FULL NAME OF CHILD			\{\lf \cdot \sup	child is not yet plemental repor	named, make t as directed.
CHILD Twin and i	Number n order of birth	Legitt2 mate	DATE OF BIRTH	Ole: (Month)	(day) (year)
FULL MAME W M A FATHER		FULL MAIDEN NAME	Ema li	MOTHER	
POST OFFICE ADDRESS		POST OFFICE ADDRESS	E Terre		e de de
COLOR OR RACE AGE AT LAST BIRTHDAY	37 (Years)	COLOR OR RACE	w	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE (STATE OR COUNTRY) Mann		BIRTHPLACE (STATE OR CO	OUNTRY) Les	many	
OCCUPATION Farmer		OCCUPATION	Kong	4	
NUMBER OF CHILD OF THIS MOTHER		NUMBER O	F CHILDREN OF TH	IS MOTHER, NOW LIV	ING /
(Signature)	of above child, ss out words wh Dated. 2 Father, Inform	(and that it) nich do not s nant)—Cross orum?	occurred on apply	ddress dich do not appl	ncela v.
Filed 19/0, 19/0,		Registrar	. Address		

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1997.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

# Extracts from Chapter 454, Laws of 1907.

(i)"

Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

Color or race-as white, black (negro or negro de-(4) scent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

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- "(k) No person shall wilfully alter any certificate of

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

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tD each,	PLACE OF BIRTH County of Mills Lage	STATE OF MINNESOTA Division of Vital Statistics
RECORD ade for es	Township of Range ton	RECORD OF BIRTH
E H	OR (Above r	rict No
PERMANEN TURN must b stated.	FULL NAME OF CHILD Care &	Datcham Supplemental report as directed.
A A G	SEX OF Single Twin and Number in order of birth	Legiti- mater BIRTH Month)  Legiti- Month)  Legiti- Month  Month
SINDING IS IS RATE of bird	FULL NAME FATHER	FULL MAIDEN MOTHER MOTHER MAINE Consetta Latera
FOR B	POST OFFICE ADDRESS	POST OFFICE ADDRESS
INK th a	COLOR OR RACE  AGE AT LAST (Years)	COLOR OR RACE AGE AT LAST So (Years)
DING that a birror of each,	BIRTHPLACE (STATE OR COUNTRY) OMININ	BIRTHPLACE (STATE OR COUNTRY) Lermany
ARGIN UNFAI	OCCUPATION Farmer	OCCUPATION To wife
TH 1	NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
E PLAINLY, Wr	I hereby certify that (I attended) the birth of above chi	PHYSICIAN, MIDWIFE OR PARENT  Ild, (and that it) occurred on Market Mark
WRITE 3.—In ca	What steps have been taken to prevent ophthalmia neon	natorum? More
W.B.	Filed 3/1 19/0, albert X1	hofield Address Princeton

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454. Laws of 1907.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

## Extracts from Chapter 454, Laws of 1907.

interment is made.

"(i) items:

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Full name of child. (2) (3)

- · Sex.
- Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

- Condition—as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age. Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

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	PLACE OF BIRTH	STATE OF MINNESOTA
egch,	PLACE OF MINTH County of Mov 28	Division of Vital Statistics
	Township of Minceton NOV	RECORD OF BIRTH
wade	7illage of	No in Registration Book
of to	City of(No	9,
RN mus ed.	FULL NAME Fullet Liste So	If child is not yet named, make supplemental report as directed.
	Single and Number in order of birth	Logiti- mate VLS DATE OF (Month) (day) (year)
RATE of bir	FULL NAME Clarence, San Lord	FULL MAIDEN PUBLICA MOTHER CILLON
SEPA]	POST OFFICE Princeton Minn.	POST OFFICE Princeton, Minne
-	OR RACE CALLASIAN AGE AT LAST 3 2 (Years)	COLOR OR RACE OUCASIAN AGE AT LAST 3/ BIRTHDAY (Years)
at a bi	BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLASE (STATE OR COUNTRY) Minn
number o	OCCUPATION Farmer	OCCUPATION Awife
one che nu	NUMBER OF CHILD OF THIS MOTHER 4	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
than on and the	CERTIFICATE OF ATTENDING P	PHYSICIAN, MIDWIFE OR PARENT
more	I hereby certify that (I attended) the birth of above child	I, (and that it) occurred on 15 6 , 19 10, at 2 2 M. which do not apply.
case of	(Signature) Moa	rmant)—Cross out words which do not apply.
i i	What steps have been taken to prevent ophthalmia reona	torum? Tronk plquired
	Filed Delle 1910, John	Registrar Address Mullion, Mul

WRI N. B.—In

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"(j) The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without items:

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Full name of child. (2)

Olerk

(3) Sex. (4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age. (11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

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County of Mille Laes				MINNESO Vital Statistics	)TA	
Township of Prince ton				OF BIRTH		
Village of		ict Noumbers to be fill		Registration F		
City of	(No	,		St.;		Ward).
FULL NAME Margare & M.	agdales	na Iel	Chown	child is not yet	named, n	iake sted.
SEX OF Single Twin Triplet and	Number in order of birth	Legiti- mate Je	DATE OF BIRTH	(Month)	(hay)	19/0 (year)
FULL FATHER NAME		FULL MAIDEN NAME	190:	MOTHER	W to	100
POST OFFICE ADDRESS Briefs	721	POST OFFICE ADDRESS	N. SV	nin	I w	~
COLOR OR HACE AGE AT LAST BIRTHDAY	36 (Years)	COLOR OR RACE	m	AGE AT LAS BIRTHDAY	Year	z s)
BIRTHPLACE (STATE OR COUNTRY)  Serm	any	BIRTHPLACE (STATE OR COU	NTRY)	min	n	
OCCUPATION Brick-ma	ker	OCCUPATION	XX	wife		
NUMBER OF CHILD OF THIS MOTHER		NUMBER OF	CHILDREN OF T	HIS MOTHER, NOW L	VING /	

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Full name of child.

Sex.

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother state or foreign country.

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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 for each, MARGIN RESERVED FOR BINDING

When no attending physician or midwife, then the parents m  PLACE OF BIRTH	ust make this return in writing. See instruction on Back.  STATE OF MINNESOTA
County of Mille Laco	Division of Vital Statistics
Township of Assure ton	RECORD OF BIRTH
Village of Reg. District	No. No. in Registration Book  abers to be filled in only by local registrar or his deputy.)  St.; Ward  Lbreet  {If child is not yet named, make supplemental report as directed.}
SEX OF Single and Number in order of birth	Legiting BATE OF (Month) (day) 19/0 (year)
NAME Henry Papenhouse	MAIDEN Louisa Celbreet
POST OFFICE Prince ton	POST OFFICE ADDRESS OM inn
COLOR OR RACE  AGE AT LAST 25  (Years)	COLOR OR RACE  AGE AT LAST 2 / (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY) Sermans
OCCUPATION Harmer	OCCUPATION To wife
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING PH  I hereby certify that (I attended) the birth of above child,  Cross out words where the control of the control o	(and that it) occurred on 2/5, 19/.0, at 3

What steps have been taken to prevent ophthalmia neonatorum Registrar

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank.

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> Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

## Extracts from Chapter 454, Laws of 1907.

items:

Place of birth, including state and county together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital or other institution the name of the same to be given instead of the street and house number.

Full name of child.

Sex.

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition—as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered. "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre-birth or death, or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree.'

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated

> "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for ... the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate el

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back. PLACE OF BIRTH

# STATE OF MINNESOTA

County of Mille Leses	Division of Vital Statistics
Township of Princeton	RECORD OF BIRTH
Village of	Reg. District No
FULL NAME OF CHILD	(No
SEX OF Single Twin Triplet and	Number in order of birth Legiti- BIRTH DATE OF HOLD (Gay) (year)
FULL NAME GATHER	FULL MOTHER MOTHER NAME Quanta Achramm
POST OFFICE Princeton	POST OFFICE Minim
COLOR OR RACE BIRTHDAY	COLOR OR RACE  (Years)  AGE AT LAST 40 (Years)  (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Farmer	OCCUPATION De wife
NUMBER OF CHILD OF THIS MOTHER / 0	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF A	TTENDING PHYSICIAN, MIDWIFE OR PARENT
(Signature) I Schramm	h of above child, (and that it) occurred on 2/9, 19/0, at M. ross out words which do not apply.  Dated 3/8, 19/0, Address Prince Iver.  Ife, Father, Informati)—Cross out words which do not apply.
	C <sub>4</sub>

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

ż

Any hypercian or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report fine many shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454 Laws of 1907.

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(2) Full name of child.

(3) Sex.

W

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. (6)

(9) Occupation of father.

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any and shall state the cause of death as "stillborn," with the cause of the stillthe cause of death as "stillborn," with the cause of the stillthe cause of death as "stillborn," with the cause of the stillthe cause of death as "stillborn," with the cause of the stillthe cause of death as "stillborn," with the cause of the stillbe signed by the attending physician, if any and shall state
"(k) No person shall wilfully alter any certificate of
birth, if known, whether a premature birth, and if born prebirth or death, or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

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

PLACE OF BIRTH	STATE OF MINNESOTA
County of Mille Laco	Division of Vital Statistics
Township of Carneston	RECORD OF BIRTH
OR	Reg. District No
FULL NAME OF CHILD	St.; Ward).
CHUD Twin and in c	mber birth Legiti- mate birth DATE OF Jeb 19/0 (day) (year
FULL NAME OF FATHER	FULL MAIDEN MOTHER MOTHER NAME NAME
POST OFFICE ADDRESS  ADDRESS  ADDRESS  ADDRESS	POST OFFICE ADDRESS Minin
COLOR OR RACE BIRTHDAY 2	C COLOR OR RACE AGE AT LAST 2 4 (Years)
BIRTHPLACE (STATE OR COUNTRY)	M SIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Harmer	OCCUPATION To wife
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 4
CERTIFICATE OF ATTE	ENDING PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of	above child, (and that it) occurred on 7,15, 19,0, at 10,0 N
V2 13 11 11	Dated 2/19 19/0, Address Prince from ather, Informant)—Cross out words which do not apply.
What steps have been taken to prevent ophtha	Imia neonatorum? None
Filed 2/25 19/6, alher	1. 1

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

Any physician or midwife having attended a case of con-finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth oc-curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

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  - Full name of child.
- Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

  - Condition—as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age.
    Birthplace of father, state or foreign country.
  - Occupation of father.
  - (10) Maiden name of mother, with age.
  - Birthplace of mother, state or foreign country.
  - (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physican or mid-
  - (15) Signature and address of informant.
  - (16) Signature and address of reporting official. (17) Date when certificate was filed and registered.
- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born pre-birth or death or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

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When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH County of Mile Laco	STATE OF MINNESOTA Division of Vital Statistics
Township of Prince ton	RECORD OF BIRTH
OR	———
Village of Reg. D	istrict No
City of (No	
FULL NAME Sella Korn	Man SIF child is not yet named, make supplemental report as directed.
SEX OF Single Twin and Number in order of birth	Legiti- material BIRTH (Month) (day) (year)
FULL RAME Robert	FULL MAIDEN A MOTHER Schulte
ADDRESS Prince ton	POST OFFICE ADDRESS Minn
COLOR OR RACE  AGE AT LAST 3 (4 (Years)	COLOR OR RACE  AGE AT LAST 3 3 (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Harmer	OCCUPATION to wife
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 4
	G PHYSICIAN, MIDWIFE OR PARENT child, (and that it) occurred on 2/2,, 19/0, at./
(Signature) (Authority Physician, Midwife, Father,	fed. 3/5. 19.6, Address
What steps have been taken to prevent ophthalmia no	eonatorum? More
Filed 3/8 19/0 alles 16	Registrar Address Princeton

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

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(2) Full name of child.

Sex.

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other,

Condition-as twins, illegitimate, etc. (6)

- Date of birth, including year, month and day. Full name of father, with age.
  Birthplace of father, state or foreign country.

Occupation of father. (10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of chil-

dren of this mother now living. (14) Signature and address of attending physican or midwife.

(15) Signature and address of informant.

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No. 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 for each, MARGIN RESERVED FOR BINDING

Filed 6/10 19/0,

PLACE OF BIRTH	rents must make this return in writing. See instruction on Back.  STATE OF MINNESOTA
County of	Division of Vital Statistics 2/-
Township of Muselow	RECORD OF BIRTH
OR (At	District No. No in Registration Book over numbers to be filled in only by local registrar or his deputy)
City of (No	,
FULL NAME OF CHILD	If child is not yet named, make supplemental report as directed.
SEX OF Single Twin and Number in order Triplet  FULL FATHER	Legiti Birth Did 3 19 /0
FULL Cleshines	MADEN GARAS WELLES
POST OFFICE ADDRESS	POST OFFICE ADDRESS
E OR RACE M AGE AT LAST HORIZON (Veges	COLOR OR RACE (Wears)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION James	OCCUPATION Anna
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 2
	ING PHYSICIAN, MIDWIFE OR BAKENT
I hereby certify that (I attended) the birth of abov	
D. (K. 122/2	Dated 6 6 19 10 Address thereelon
(Attending Physician Aldwife, Father	r, Informant)—Cross out words which do not apply.
What steps have been taken to prevent onbthalmia	neonatomim ?

Registrar

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

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(2) (3) Full name of child.

(4) Color or race-as white, black (negro or negro de-

scent), Indian, Chinese, Japanese, or other. Condition—as twins, illegitimate, etc. Date of birth, including year, month and day.

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Occupation of father.

Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.
(12) Occupation of mother.
(13) Number of child of this mother and number of chil-

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No.

PLACE OF BIRTH		STAT	E OF	MINNES	OTA	
County of	ADD.	Di	ivision of	Vital Statistics	3	
Township of Trince	会 30%		RECORD	OF BIRTH		,,
OR Village of	Reg. Distric	ct No	. No is	n Registration	Book	2/
or		mbers to be fille				aty)
City of	(No.//	,		St.;		ard)
FULL NAME OF CHILD	Johnson			child is not ye	et named, mal	ke ed.
SEX OF W Single Twin Triplet	and Number in order of birth	Legiti-	DATE OF BIRTH	Hul (Month)	(day) 19	/o (year)
FULL Ed. R. FATHI	R	FULL MAIDEN NAME	vy)	HOTHER	Ohm	P
POST OFFICE DORESS		POST OFFICE ADDRESS	1			
COLOR COR RACE	AGE AT LAST BIRTHDAY (Year's)	COLOR OR RACE	cw	AGE AT LA	(Years)	
BIRTHPLACE (STATE OR COUNTRY)	Su	BIRTUPLACE (STATE OR COUN	ITRY)			
OCCUPATION Lamer		OCCUPATION	Hn	rte		
NUMBER OF CHILD OF THIS MOTH	я/	NUMBER OF C	CHILDREN OF T	THIS MOTHER, NOW I	LIVING /	
CERTIFIC	ATE OF ATTENDING P	HYSICIAN, M	IDWIFE	OR PARENT		301
I hereby certify that (Lattend	ed) the birth of above child	, (and that it) oc	curred on		1. A	M
3010	Cross out words w	thich do not app	ply.	(1	-	1
Signature)(Attending Phys		mant) Cross o	ut words v	Addressvhich do not ap	ply.	
What steps/have been taken to	6					
4/2/2	X				***************************************	******
Filed	105, 10 me	Registrar	Address			

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454. Laws of 1907.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

> Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter

# Extracts from Chapter 454, Laws of 1907.

"(j) items:

Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital or other institution the name of the same to be given instead of the street and house number.

(2) (3) Full name of child.

- Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
  - Condition-as twins, illegitimate. etc.
  - Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.
  - Occupation of father.
  - (10) Maiden name of mother, with age.
  - (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physican or mid-
  - (15) Signature and address of informant.
  - (16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre- birth or death or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree.'

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the cor-oner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar for the medical certificate of the cause of death and other particulars necessary to complete the record as herein reduired; He shall then state the date and place of burial, over les signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of

MARGIN RESERVED FOR BINDING WITH TINEADING TOK - THIS IS A WRITE DI ż

PLACE OF BIRTH	STATE OF MINNESOTA
County of Mills Races Sto	Division of Vital Statistics
12 -0 3000	Process or process
Township of	RECORD OF BIRTH
	rict No
City of(No	, St.;Ward)
FULL NAME Citto Carl Egge	{ If child is not yet named, make supplemental report as directed.
SEX OF Single Twin Triplet and Number in order of birth	Legiti DATE OF The 19 (Month) (ddy) 19 (year
FULL NAME / SEA FATHER	FULL MAIDEN Canna Calmidt
POST OFFICE ADDRESS	POST OFFICE ADDRESS
OR RACE (W)  AGE AY LAST BIRTHDAY (Years)	COLOR OR RACE W ACE AT LAST 29 BINTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY) Dermany	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION	OCCUPATION
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
	PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above chi	ld, (and that it) occurred on 19, 19, o, at 3 9 1
// Constitution	ormant)—Cross out words which do not apply.
What steps have been taken to prevent ophthalmia neon	atorum ?
Filed 5/9 19/0 100. Johns	on Address //

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank,

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

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Full name of child.

(2) (3)

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day.

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

- Maiden name of mother, with age. Birthplace of mother, state or foreign country.
- Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered. "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillquired. Midwives shall not sign certificates for stillborn of forgery in second degree."

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated

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"(k) No person shall wilfully alter any certificate of birth, if known, whether a premature birth, and if born pre- birth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person when and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH County of Division of Vital Statistics  RECORD OF BIRTH ON Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above number of child in only by local registrar or his deputy)  (Above number of filled in only b	When no attending physician or midwife, then the pare	ents must make this return in writing. See instruction on Back.
OF CHILD.  Single Twin   and   Number   logith   mate   Birth   Month   (day) (year)    FATHER   MANDEN   MANDEN   MOTHER   MOTHE		
OF CHILD.  Single Twin and Single Twin order In	Township of Trucklon	RECORD OF BIRTH
OF CHILD.  Single Twin and Single Twin order In	Township of Reg. I (Abov	District No
OF CHILD.  Single Twin and Single Twin order In	City of	
FULL MAME  FOST OFFICE  ADDRESS  COLOR  OR RACE  BIRTHDAY  (Years)  BIRTHDAY  (Years)  BIRTHDAY  (Years)  BIRTHDAY  (Years)  BIRTHDAY  (Years)  CCUPATION  CCUPATION  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on	FULL NAME OF CHILD.	\{\begin{aligned} \text{If child is not yet named, make supplemental report as directed.} \end{aligned}
MAME POST OFFICE ADDRESS  COLOR OR RACE  BIRTHPLACE (STATE OR COUNTRY)  CCCUPATION  NUMBER OF CHILD OF THIS MOTHER  CRETIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT I hereby certify that (I attended) the birth of above child, (and that it) occurred on	SEX OF CHILD Single Twin and Number in order of birth	meta BIRTH 19
COLOR OR RACE  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on cross out words which do not apply.  (Signature)  Cityears)  AGE AT LAST BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on cross out words which do not apply.  (Signature)  Cityears)  Address.  Address.  Address.		MAIDEN
COLOR RACE  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on cross out words which do not apply.  (Signature)  Catendary  Color Race  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on cross out words which do not apply.  (Signature)  Catendary  Dated  (Attending Physician, Midwife, Father, Informant) Cross out words which do not apply.  What steps have been taken to prevent ophthalmia neonatorum?  Filed 19 17 Address	POST OFFICE ADDRESS	POST OFFICE
NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on the control of the contro	E OR RACE CW AGE AT LAST 50	OR RACE (II) BIRTHDAY
NUMBER OF CHILD OF THIS MOTHER  RUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on	BIRTHPLACE (STATE OR COUNTRY) Sermanes	BIRTHPLACE (STATE OR COUNTRY)
CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on the control of	OCCUPATION F	OCCUPATION And
CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on	NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
I hereby certify that (I attended) the birth of above child, (and that it) occurred on		NG PHYSICIAN, MIDWIFE OR PARENT
(Attending Physician Midwife, Father, Informant)—Cross out words which do not apply.  What steps have been taken to prevent ophthalmia neonatorum?  Filed 19 17 Address	I hereby certify that (I attended) the birth of above Cross out wo	child, (and that it) occurred on 22 19 at 89M
What steps have been taken to prevent ophthalmia neonatorum?  Filed 19/12 Address 4	(Signature) Da (Attending Physician, Midwife, Father,	ated 12 19 0 Address Informant) Cross out words which do not apply.
Address	What steps have been taken to prevent ophthalmia n	eonatorum?
	Filed 7 / 6 19 / 10 / 10	

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(2) Full name of child.

Sex.

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other,

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day.

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father. Maiden name of mother, with age.

Birthplace of mother state or foreign country. (12) Occupation of mother.

(13) Number of child of this mother and number of chil-Odren of this mother now living.

Signature and address of attending physican or mid-Signature and address of informant.

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RECORD THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK WRITE PLAINLY -In case of more B

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back. No. PLACE OF BIRTH STATE OF MINNESOTA SEPARATE RETURN must be made for each, order of birth, stated. County of ..... Division of Vital Statistics RECORD OF BIRTH Township of ..... Reg. District No....... No in Registration Book...... Village of..... (Above numbers to be filled in only by local registrar or his deputy...) City of ..... (No, St.; Ward) FULL NAME
OF CHILD If child is not yet named, make supplemental report as directed. Single Number DATE OF SEX OF Legitia Twin and in order CHILD mate Triplet of birth (Month) (year) MOTHER MAIDEN NAME POST OFFICE POST OFFICE ADDRESS a birth a seach, in o AGE AT LAST COLOR AGE AT LAST OR RACE BIRTHDAY OR RACE (Years) BIRTHPLACE BIRTHPLACE (STATE OR COUNTRY) (STATE OR COUNTRY) at OCCUPATION OCCUPATION than one child and the number NUMBER OF CHILD OF THIS MOTHER NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT I hereby certify that (I attended) the birth of above child, (and that it) occurred on. Cross out words which do not apply. (Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply. (Signature)..... What steps have been taken to prevent ophthalmia neonatorum?..... Address //

Registrar

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Full name of child.

Sex.

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age.

Birthplace of mother, state or foreign country, Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.
(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

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"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stilland a burial or removal permit, in usual form, shall be re-shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file. with such registrar, the certificate of death and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signal ture and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permits shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal per mit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there of delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth, if known, whether a premature birth, and if born pre- birth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person whom

When no attending physician or midwife, then the paren	its must make this return in writing. See instruction on Back
County of Township of Township of	STATE OF MINNESOTA Division of Vital Statistics RECORD OF BIRTH
Village of	strict No
City of(No	,
FULL NAME OF CHILD.	If child is not yet named, make supplemental report as directed.
SEX OF CHILD Single Twin and Single in order of birth	Legitimate DATE OF May / 19 (day) (year)
FULL Weef Nervert	MAIDEN Jarah Fulle
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE AGE AT LAST 35 (Years)	COLOR OR RACE NO AGE AT LAST SHITHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Farmer	OCCUPATION Henke
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
	G PHYSICIAN, MIDWIFE OR PARENT
JK Calo	ds which do not apply.
(Signature) Date (Attending Physician Midwife, Father, In	ed
- // La X - /	onatorum?  Address
Filed. t., f. X	Address

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report financest shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the resistration to the local health officer in cities and villages, local health officer in cities and villages, or to the township maine of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the his required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank, Mby the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse poor house, reform school, jail, prison, hospital, asylum lying-in house hospital or other public or charitable in-Stitution, shall give notice of every birth or death happening among the persons under his charge to the local officer in Cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

or to the township clerk in townships, wherein a birth oc-clerk in townships, wherein the birth or death occurred. Some a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

# Extracts from Chapter 454, Laws of 1907.

"(if The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without temse

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) (3) Full name of child.

- (4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- Condition-as twins, illegitimate, etc. (6) Date of birth, including year, month and day.
- - Full name of father, with age. Birthplace of father, state or foreign country.

(9) Occupation of father.

- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country. (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre- birth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required, He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD-in case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number B.z

When no attending physician or midwife, then the parents me	ust make this return in writing. See instructions on Back.
PLACE OF BIRTH	STATE OF MINNESOTA MONGO
County of Mile Jacp	Division of Vital Statistics
Township of Princeton	RECORD OF BIRTH
Village of Reg. District	No. 288/ No. in Registration Book / 8
OR Reg. District	(Above numbers to be filled in only by local registrar or his deputy)
City of (No.	St.; Ward)
FULL NAME Byron Ellroy S	aford { If child is not yet named, make supplemental report as directed
SEX OF Male Twin Triplet or other  and Number in order of birth	Legiti DATE OF May 5 199 0 (Month) (day) (year)
FULL NAME Elwood B. Sanford	MAIBEN Buth Obie Briggs
POST OFFICE ADDRESS PSA	POST OFFICE ADDRESS Muin
COLOR OR RACE Cancasian AGE AT LAST 2 9 (Years)	COLOR OR RACE BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE/ STATE OR/COUNTRY)
occupation Farmer	OCCUPATION Housewife
NUMBER OF CHILD OF THIS MOTHER 8	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING PH	IYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above child, (an	d that it) occurred on 5 - 151900, at M.
(Signature) How. (Attending Physician, Midwife, Ferfer, Information	d // - 2 8 199/ 0, Address Frenceton Cross out words which do not apply
What steps have been taken to prevent ophthalmia neonatorum	n? none required
Filed Deles 3 rgd 0, Jos John	Registrar Address Princeton Minny



Any physician or midwife having attended a case of confinement shall local officer in cities and villages, or to the township clerk in townships, where-

or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jall, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

within ten (10) days thereafter furnish for registration to the local health in the birth or death occurred. Coroners shall report the deaths of all cases officer in cities and villages, or to the township clerk in townships, wherein coming under their jurisdiction to the local health officer in cities and villages, of child, sex and color, and such other information as is required on the These reports must be made upon blanks furnished for that purpose by the blanks turnished for the return of a birth by the Minnesota State Board Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Health.

Parents shall give notice to the local health officer in cities and villages, to the township clerk in townships, wherein they reside, of the birth of a cach month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

# Extracts from Chapter 454, Laws of 1907.

or township. If in a city, the ward, street and house number. If he without medical attendance, it shall be the without medical attendance, it shall be the

Full name of child. Sex.

Chinese, Japanese, or other. Condition—as twins, illegitimate, etc.

Date of birth, including year, month and day.

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father. (10) Maiden name of mother, with age,

Birthplace of mother, state or foreign country,

Occupation of mother. Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant. (16) Signature and address of reporting official.

and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending The medical certificate of the cause of death shall be signed by the attending hysician, if any, and shall state the cause of death as "stillborn," with the any copy of the same, after the same is filed in the office of the local registrar, cause of the stillbirth, if known, whether a premature birth, and if born Any person who shall violate any provision of this paragraph shall be guilty , prematurely, the period of uterogestation in months, if known; and a burial of forgery in second degree."

"(j) The certificate of birth shall contain the following items:

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring or township. If in a city, the ward, street and house number. If in a without attendance of either physician or midwife, shall be treated as deaths

duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit. (4) Color or race—as white, black (negro or negro descent), Indian, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certifihealth officer or coroner, as directed by the registrar, for the medical certaincate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge (17) Date when certificate was filed and registered.

of the place of burial, before interring the body, and when shipped by any "(e) Stillborn children, or those dead at birth shall be registered as births transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such inter-

WRITE

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When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back. STATE OF MINNESOTA PLACE OF BIRTH Division of Vital Statistics County of ..... RECORD OF BIRTH Township of ...... Reg. District No..... No. in Registration Book..... Village of..... (Above numbers to be filled in only by local registrar or his deputy...) (No.......St.;......Ward)... City of ..... FULL NAME If child is not yet named, make supplemental report as directed. OF CHILD Number Single DATE OF SEX OF CHILD Legitiand in order BIRTH Twin mate Triplet of birth (Month) (day) FULL MOTHER MAIDEN NAME POST OFFICE POST OFFICE ADDRESS ADDRESS AGE AT LAST BIRTHDAY COLOR COLOR AGE AT LAST BIRTHDAY OR RACE OR RACE (Years) (Years) BIRTHPLACE BIRTHPLACE (STATE OR COUNTRY) (STATE OR COUNTR OCCUPATION OCCUPATION NUMBER OF CHILD OF THIS MOTHER NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT	40
I hereby certify that (Lattended) the birth of above child, (and that it) occurred on	M
Tenuce	elm.
(Signature) Dated 19, Address	
was the second of the second o	
What steps have been taken to prevent ophthalmia neonatorum?	
Filed / 6 19 /0 /05 / Mison Address /	

Registrar

finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

#### Extracts from Chapter 454, Laws of 1907.

items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3)

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other,

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. (6)

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-

wife. (15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any and shall state the cause of death as "stillborn," with the cause of the stillwith the cause of the stillwith if known, whether a premature birth, and if born prebirth or death, or any copy of the same, after the same is
maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

"(j) The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and ffle with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall > deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilti-

PLACE OF BIRTH	STATE OF MINNESOTA
County of	Division of Vital Statistics
Township of Mucelon	RECORD OF BIRTH
Village of	Reg. District No
FULL NAME OF CHILD	Supplemental report as directed.
SEX OF Single Twin Triple and	Number in order of birth Legiti- BIRTH (Month) 19 (day) (year)
FULL NAME TO SELL FATHER	FULL MADEN MALEY MOTHER MADEN
POST OFFICE DDRESS	POST OFFICE ADDRESS
COLOR OR RACE AND AGE AT LAST BIRTHDAY	COLOR OR RACE AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Laborer	OCCUPATION Strongs
NUMBER OF CHILD OF THIS MOTHER.	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

# Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply. (Signature)..... What steps have been taken to prevent ophthalmia neonatorum?.... Registrar

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank. by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapcities and villages, or to the township clerk in townships, ter 454 Laws of 1907.

## Extracts from Chapter 454, Laws of 1907.

Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house

Full name of child.

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father. Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother.
Number of child of this ideal of this mother now living. Number of child of this mother and number of chil-

(14) Signature and address of attending physican or mid-

veries.
Signature and address of informant.
Signature and address of reporting official.
Date when certificate was filed and registered.
Stillborn children, or those dead at birth shr Stillborn children, or those dead at birth shall be both the birth and death shall be filed with the local registraran the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth The medical certificate of the cause of death shall be some how the attending physician, if any and shall state the cause of death as "stillborn," with the cause of the stillbirth if known, whether a premature birth, and if born pre- birth or death, or any copy of the same, after the same is quired. Midwives shall not sign certificates for stillborn of forgery in second degree.'

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signa-ture and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the registered as births and also as deaths, and a certificate of place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty

WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY. more case of

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No.

When no attending physician or midwife? then the parents must make this return in writing. See instruction on Back. PLACE OF BIRTH STATE OF MINNESOTA SEPARATE RETURN must be made for each, order of birth, stated. Division of Vital Statistics County of ..... RECORD OF BIRTH Township of Reg. District No....... No. in Registration Book..... Village of..... (Above numbers to be filled in only by local registrar or his deputy...) City of FULL NAME (If child is not yet named, make ) supplemental report as directed. OF CHILD Single Number DATE OF SEX OF Legitiin order Twin and BIRTH mate CHILD (Month) Triplet of birth FULL FATHER FIRE MOTHER NAME MAIDE Arr NAME POST OFFICE ADDRESS POST OFFICE ADDRESS a birth a seach, in o AGE AT LAST COLOR AGE AT LAST OR RACE BIRTHDAY OR RACE BIRTHDAY BIRTHPLACE BIRTHPLACE (STATE OR COUNTRY) (STATE OR COUNTRY) at OCCUPATION OCCUPATION than one child a NUMBER OF CHILD OF THIS MOTHER NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT I hereby certify that (Lattended) the birth of above child, (and that it) occurred on..... Cross out words which do not apply. Dated 19 Address (Signature)........ (Attending Physician, Midwife, Father, Informant) - Cross out words which do not apply. What steps have been taken to prevent ophthalmia neonatorum?..... Johnson Address Registrar

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank,

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

> Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall+ on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

# Extracts from Chapter 454, Laws of 1907.

"(1) The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without items:

Place of birth, including state and county, together as deaths without medical attendance, with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child.

Sex.

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

Maiden name of mother, with age.

- Birthplace of mother, state or foreign country. (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-

wife.

(15) Signature and address of informant. (16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registo contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillquired. Midwives shall not sign certificates for stillborn of forgery in second degree.'

attendance of either physician or midwife, shall be treated

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal pertrar in the usual form and manner, the certificate of birth mit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth, if known, whether a premature birth, and if born pre- birth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back. PLACE OF BIRTH STATE OF MINNESOTA SEPARATE RETURN must be made for each, order of birth, stated. Division of Vital Statistics County of ..... RECORD OF BIRTH Township of ..... Reg. District No..... No. in Registration Book..... Village of..... (Above numbers to be filled in only by local registrar or his deputy..) City of ..... FULL NAME If child is not yet named, make supplemental report as directed. OF CHILD Number Single DATE OF SEX OF Legitiand in order Twin BIRTH CHILD mate/ of birth (Month) (day) (year) Triplet FULL! FULL FATHER NAME MAIDEN NAME POST OFFICE POST OFFICE ADDRESS ADDRESS AGE AT LAST 2 COLOR AGE AT LAST COLOR a birth a BIRTHDAY OR RACE OR RACE BIRTHDAY (Years) BIRTHPLACE BIRTHPLACE (STATE OR COUNTRY (STATE OR COUNTRY) than one child at nd the number of OCCUPATION OCCUPATION NUMBER OF CHILD OF THIS MOTHER. NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING. and CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT WRITE PLAINLY -In case of more Cross out words which do not apply. Dated 1//1 3 19 / Address... (Attending Physician Mawife, Father, Informant) - Cross out words which do not apply. What steps have been taken to prevent ophthalmia neonatorum? B. Filed......19..... Address.....

Registrar

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank, by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

#### Extracts from Chapter 454, Laws of 1907.

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Place of birth, including state and county, together as deaths without medical attendance, with city, village or township. If in a city, the ward, street and house number. If in a hospital or other institution the name of the same to be given instead of the street and house number.

(2) (3) Full name of child.

Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

- Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.
- Occupation of father

(10)

- Maiden name of mother, with age. Birthplace of mother, state or foreign country.
- (12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth. The medical certificate of the cause of death shall be signed by the attending physician, if any and shall state interment is made.

the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre-birth or death, or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar of the district in which such that the cause of the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar of the district in which such that the cause of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar of the district in which such that the cause of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar of the district in which such that the cause of the same is made. quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated

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He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permits shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal per to mit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such

and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty

No. RETURN must be made for each, h, stated. RECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT SEPARATE RI a birth a seach, in o than one child at and the number of PLAINLY case of more WRITE

B.-In

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When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back. STATE OF MINNESOTA PLACE OF BIRTH Division of Vital Statistics County of ..... RECORD OF BIRTH Township of Reg. District No..... No. in Registration Book..... Village of..... (Above numbers to be filled in only by local registrar or his deputy..) City of ...... FULL NAME If child is not yet named, make OF CHILD.... supplemental report as directed. Number Single DATE OF BIRTH Legitia SEX OF Twin and in order CHILD mate of birth (year) Triplet (Month) FATHER FULL MOTHE MAIDEN NAME NAME POST OFFICE POST OFFICE ADDRESS ADDRESS COLOR AGE AT LAST COLOR AGE AT LAST OR RACE BIRTHDAY OR RACE BIRTHDAY (Years) (Years) BIRTHPLACE (STATE OR COUNTRY) BIRTHPLACE (STATE OR COUNTRY) OCCUPATION OCCUPATION NUMBER OF CHILD OF THIS MOTHER NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

	CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT
I	hereby certify that (I attended) the birth of above child, (and that it) occurred on, 19, at
(Sig	(Attending Physician Midwife, Father, Informant) Cross out words which do not apply.
Wh	at steps have been taken to prevent ophthalma neonatorum?
File	d 1/7 19 10 Jos. Johnson Address 11

Registrar

is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank.

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454. Laws of 1907.

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report finement shall within ten (10) days thereafter furnish for the deaths of all cases coming under their jurisdiction to the registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township or to the township clerk in townships, wherein a birth oc- clerk in townships, wherein the birth or death occurred, curred, a certificate giving the place of birth, date of birth, These reports must be made upon blanks furnished for that name of child, sex and color, and such other information as purpose by the Minnesota State Board of Health, giving the

> Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them. during the month preceding and after the same have been copied in their register.

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(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number. (2)

Full name of child.

(3) Sex.

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day.

Full name of father, with age.

Birthplace of father, state or foreign country.

(9) Occupation of father.

- (10) Maiden name of mother, with age.
- (11) Birthplace of mother state or foreign country.
- Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillquired. Midwives shall not sign certificates for stillborn of forgery in second degree."

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

> "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other pare ticulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

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No.

PLACE OF BIRTH	STATE OF MINNESOTA
ounty of	Division of Vital Statistics
ownship of Mineelon	RECORD OF BIRTH
OR	Reg. District No
illage of	(Above numbers to be filled in only by local registrar or his deputy)
ity of	(NoSt.;Ward)
ULL NAME Cerelay Elws	If child is not yet named, make supplemental report as directed.
Single Twin and and	Number in order of birth   Legiti   DATE OF   Of Oddy (year)
FULL S. E. FATHER	FULL MAIDEN MOTHER Claden
POST OFFICE DRESS	POST OFFICE ADDRESS
OCLOR OR RACE AT LAST BIRTHDAY	COLOR OR RACE W AGE AT LAST 23 (Years) (Years)
BIRTHPLACE (STATE OR COUNTRY) Ruede	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Greamery Che	erator OCCUPATION House
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF A	TTENDING PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth	of above child, (and that it) occurred on 130, 1910, at The
ignature) N. C. Coonly	Dated
hat steps have been taken to prevent opl	hthalmia neonatorum?
led 10/4 19 10 you	Johnson Address !!

When no attending physician or millwife then the parents must make this return in writing. See instruction on Real

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Date of birth, including year, month and day.

Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father. (10)Maiden name of mother, with age.

Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

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(17) Date when certificate was filed and registered. "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillquired. Midwives shall not sign certificates for stillborn of forgery in second degree."

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//// /// // // // // // // // // // //	STATE OF MINNESOTA
County of Male Aco	Division of Vital Statistics
Township of Mucellon	RECORD OF BIRTH
on Village of on	Reg. District No
City of	(No
FULL NAME OF CHILD	Sefone { If child is not yet named, make supplemental report as directed.
SEX OF Single Twin Priplet and	Number in order of birth BIRTH (Month) 19 (day) (year)
FULL Paroleon FATHER	FULL MAIDEN Susan Mother Emoferic
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE AGE AT LAST SIRTHDAY	COLOR OR RACE AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Laborer.	OCCUPATION Shorts
NUMBER OF CHILD OF THIS MOTHER 3	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF A	TTENDING PHYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birtl	h of above child, (and that it) occurred on
(Signature) V. C. Cooney	Dated 19 Address Since Tools out words which do not apply.
What stone have been taken to	1.1.A. //
vi nat steps have been taken to prevent op	hthalmia neonatorum ?
Filed	Address.

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- Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.
- Occupation of father.

(10) Maiden name of mother, with age.

- Birthplace of mother, state or foreign country. (11)
- (12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

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PLACE OF BIRTH	STATE OF MINNESOTA
County of MILLELACS	Division of Vital Statistics
Township of Trinceton	RECORD OF BIRTH
Village of Reg. Distric	t No
OR	
City of(No	, St.;
FULL NAME Sinds	If child is not yet named, make supplemental report as directed.
SEX OF CHILD Single Twin Triplet / and Number in order of birth	Legiti- mate 38 BIRTH (Month) (day) (year)
FULL SOME FATHER	MAIDEN MOTHER MOTHER MAINE MAINE
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE AGE AT LAST SCO (Years)	COLOR OR RACE  W AGE AT LAST BIRTHDAY (Year's)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Laborer	OCCUPATION Amile
HUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF ATTENDING PI	HYSICIAN, MIDWIFE OR PARENT
I hereby certify that (I attended) the birth of above child,	(and that it) occurred on
(Signature) Cross out words w  (Attending Physician, Midwife, Father, Information of the Cross out words were considered as the constant of the Cross out words were considered as the cross out words as the cross out words were considered as the cross out words as the cross out words as the cross out words are considered as the cross out words as the cross out words are considered as the cross out words as the cross out words are considered as the cross of the cross out words and the cross out words are considered as the cross out words.	11/19 19 10 Address Trinceton
What steps have been taken to prevent ophthalmia neonat	orum ?
Filed 11/23 19 10 Jos Johns	Registrar Address

Any physician or midwife having attended a case of con- wherein the birth or death occurred. Coroners shall report is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank,

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse poor house, reform school, jail prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships, ter 454, Laws of 1907.

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> See Sections 2131 and 2142, Revised Laws, 1995, also Chap-

# Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without items:

(1) Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street name of the same to be given instead of the street and house number.

Full name of child.

(2) (3)

- (4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
  - Condition-as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

- (11) Birthplace of mother state or foreign country. (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born pre-birth or death, or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person when the control of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

attendance of either physician or midwife, shall be treated

"(g) When any person dies without medical attendance, and house number. If in a hospital, or other institution, the it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure @ burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the complete certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal per mit to the box containing the corpse; said permit shall as company the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty

WRITE

m

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back. PLACE OF BIRTH STATE OF MINNESOTA RETURN must be made for each, h, stated, County of .... MILLE LACS Division of Vital Statistics RECORD OF BIRTH Reg. District No..... No. in Registration Book..... Village of..... (Above numbers to be filled in only by local registrar or his deputy...) City of ..... **FULL NAME** If child is not vet named, make OF CHILD.... supplemental report as directed. Single Twin Number DATE OF BIRTH Legiti-SEX OF and in order CHILD mate -Triplet of birth (day) SEPARATE RI order of birth, (Month) (year) FULL FULL FATHER MAIDEN NAME POST OFFICE POST OFFICE ADDRESS ADDRESS a birth a seach, in o COLOR AGE AT LAST COLOR AGE AT LAST OR RACE BIRTHDAY OR RACE BIRTHDAY (Years) (Years) BIRTHPLACE BIRTHPLACE (STATE OR COUNTRY) (STATE OR COUNTRY) than one child at and the number of OCCUPATION OCCUPATION NUMBER OF CHILD OF THIS MOTHER NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT I hereby certify that (I attended) the birth of above child, (and that it) occurred on. Cross out words which do not apply. case of Dated 19 , Address (Attending Physician, Midwife, Father, Informant) Cross out words which do not apply. (Signature) What steps have been taken to prevent ophthalmia peonatorum?

Registrar Address 1

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(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
(2) Full name of child.

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

Birthplace of mother, state or foreign country. (12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.
(14) Signature and address of attending physican or mid-

wife.

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"(j) The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

> "(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

PLACE OF BIRTH County of MILLE LACS		ASSESSMENT OF THE PROPERTY OF	MINNESOTA Vital Statistics
County of			
Township of Willage of		et No No.	O OF BIRTH in Registration Bookby local registrar or his deput
County of MILLE LACS  Township of Full Parageton  OR  City of  FULL NAME OF CHILD  SEX OF CHILD  Single Twin Triplet  And  And  Triplet	(No.	(1	f child is not yet named, mak upplemental report as directe
SEX OF D Single Twin Triplet / and	Number in order of birth	Legiti- mate  DATE OF BIRTH	(Month) 23 19
FULL STIPLET SATHER NAME Clarence P		FULL MAIDEN Corre	Mother
POST OFFICE ADDRESS		POST OFFICE ADDRESS	
OR RACE W AGE AT LA	ST 33 (Years)	COLOR OR RACE	AGE AT LAST SY (Years)
BIRTHPLACE (STATE OR COUNTRY)	The	BIRTHPLACE (STATE OR COUNTRY)	
OCCUPATION breman - D	rick yan	OCCUPATION	wife
NUMBER OF CHILD OF THIS MOTHER.	3/	NUMBER OF CHILDREN OF	THIS MOTHER, NOW LIVING 3
CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (Lattended) the birth of above child, (and that it) occurred on 1910, at 102 M.  Cross out words which do not apply.			
(Signature) (Attending Physician, Mic	Dated.	mant)—Cross out words	which do not apply.
1	anhthalais naonh	forum?	

registration to the local health officer in cities and villages, local health officer in cities and villages, or to the township is required on the blanks furnished for the return of a birth information, so far as possible, asked for on blank,

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Full name of child.

(2) (3)

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

(9) Occupation of father. Maiden name of mother, with age. (10)

(11)Birthplace of mother, state or foreign country.

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-

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"(k) No person shall wilfully alter any certificate of

PLACE OF BIRTH County of MULELACS	STATE OF MINNESOTA Division of Vital Statistics
Township of fine ton  Reg. D	RECORD OF BIRTH  istrict No
City of	St.;
SEX OF Single Twin and Number in order of birth	Legiti- mate  DATE OF Dir.  (Month)  (day)  (year)
FULL Schward (of birth	MAIDEN Sabel 6, Wrake
POST OFFICE ADDRESS	POST OFFICE ADDRESS
OR RACE W BIRTHDAY (Years)	COLOR OR RACE W AGE AT LAST 2 3 (Years)
BIRTHPLACE (STATE OR COUNTRY)  Jenny	BIRTHPLACE (STATE OR COUNTRY) Menni
OCCUPATION Brickmaker	OCCUPATION Harf
	NUMBER OF CHILDREN OF THIS MOTHER, HOW LIVING
I hereby certify that (I attended) the birth of above	G PHYSICIAN, MIDWIFE OR PARENT child, (and that it) occurred on 19.00, at 3.00 M. ords which do not apply.

# (Attending Physician Midwife, Father, Informant) - Cross out words which do not apply. What steps have been taken to prevent ophthalmia neonatorum? Address..... Registrar

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Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age.

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- (13) Number of child of this mother and number of children of this mother now living.

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No.

OF CHILD Supplemental report as directed supplemental report supplemen	PLACE OF BIRTH		STATE C	OF MINNESOTA
Village of	County of HILE Are		Division	of Vital Statistics
COLOR OR RACE  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on	OR		rict No N	o. in Registration Book
COLOR OR RACE  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILD OF THIS MOTHER  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on 19, at	City ofFULL NAME			
POST OFFICE ADDRESS  COLOR OR RACE  BIRTHDAY  OCCUPATION  OCCUPATION  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on the color of t	SEX OF Twin	and in order	DID THE	1000
POST OFFICE ADDRESS  COLOR OR RACE  BIRTHPLACE (STATE OR COUNTRY)  OCCUPATION			MAIDEN //	
OR RACE  BIRTHDAY  (Years)  COCUPATION  OCCUPATION  NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on			POST OFFICE	y any
OCCUPATION  NUMBER OF CHILD OF THIS MOTHER  NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on		IDAY O		BIRTHDAY
OCCUPATION  NUMBER OF CHILD OF THIS MOTHER NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING  CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on		Se	(STATE OR COUNTRY)	
CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT  I hereby certify that (I attended) the birth of above child, (and that it) occurred on	OCCUPATION James			unido
I hereby certify that (I attended) the birth of above child, (and that it) occurred on	NUMBER OF CHILD OF THIS MOTHER	?	NUMBER OF CHILDREN	OF THIS MOTHER, NOW LIVING
(Signature) Dated 19 / Address (Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.	CERTIFICATE	OF ATTENDING	PHYSICIAN, MIDWI	FE OR PARENT
(Attending Physician Midwife, Father, Informant)—Cross out words which do not apply.	Guar 13e	Cross out words	s which do not apply.	(P) #
what steps have been taken to prevent opininamia meonatorum?	(Attending Physician	Midwife, Father, In	formant) - Cross out wo	rds which do not apply.
Filed 17/15 19 10 for 6 proon Address 1	what steps have been taken to prev	ent opiniamna neo	natorum r	

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Occupation of father.

(10) Maiden name of mother, with age.

- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.
  (14) Signature and address of attending physican or mid-

(15) Signature and address of informant. (16) Signature and address of reporting official.

(17) Date when certificate was filed and registered. "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillborn, "with the cause of the stillborn, whether a premature birth, and if born pre-birth or death or any copy of the same, after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who have the period of uterogestation in months, if known; shall be respectively any provision of this paragraph shall be guilty and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such

No.

When n	o attending physician or mids	wife, then the parents must make this return in writing.	See instruction on Back
	DI LOD ON NYDERY		

County of Mile Lacs	Division of Vital Statistics
Township of Trincelon	RECORD OF BIRTH
	numbers to be filled in only by local registrar or his deputy)
City of (No	, St.;
FULL NAME OF CHILD	lelm { If child is not yet named, make supplemental report as directed.
SEX OF CHILD Single Twin Triplet and Number in order of birth	Legitimate JS DATE OF Au 20 191/(Month) (day) (year)
FULL John A FATHER	MADEN Martha & MOTHER LEGENT
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE W AGE AT LAST 7-8 (Years)	CGLOR OR RACE 20 AGE AT LAST 2-2 (Years)
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Farmer	OCCUPATION Ascerte
NUMBER OF CHILD OF THIS MOTHER 2	NUMBER OF CHILDREN OF THIS MOTHER, HOW LIVING 2
CERTIFICATE OF ATTENDING	PHYSICIAN, MIDWIFE OR PARENT 30
I hereby certify that (I attended) the birth of above of Cross out words  (Signature) R. Caley Dated	child, (and that it) occurred on
What steps have been taken to prevent ophthalmia no Filed 3-14 19/12 Albert Kulif	eonatorum?  Lell Address 1  Registrar.

finement shall within ten (10) days thereafter furnish for death occurred. Coroners shall report the deaths of all registration to the local health officer in cities and villages, cases coming under their jurisdiction to the city health offior to the township clerk in townships, wherein a birth oc- cer, village recorder, or township clerk of the place wherein curred, a certificate giving the place of birth, date of birth, the birth or death occurred. These reports must be made name of child, sex and color, and such other information as upon blanks furnished for that purpose by the Minnesota is required on the blanks furnished for the return of a birth State Board of Health, giving the information, so far as

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, the village recorder in villages, or to the township clerk in and township clerks in townships throughout the State of townships, wherein they reside, of the birth of a child or a Minnesota, shall on or before the 10th day of each month, death in the family whenever no physician or midwife, as transmit to the Secretary of the State Board of Health, upon the case may be, was in attendance. The keeper or other blanks furnished by said Board for that purpose, all the officer, of every workhouse, poor house, reform school, jail, original reports of births and deaths which have been reprison, hospital, asylum, lying-in house hospital or other ceived by them during the month preceding and after the public or charitable institution, shall give notice of every same have been copied in their register. birth or death happening among the persons under his charge to the health officer or recorder in cities and villages, ter 454. Laws of 1907.

Any physician or midwife having attended a case of con- or to the township clerk in townships, wherein the birth or possible, asked for on blank.

Local health officers in cities, village recorders in villages,

See Sections 2131 and 2142, Revised Laws, 1905, also Chap-

# Extracts from Chapter 454, Laws of 1907.

"(j)

(1) Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child. (2)

Sex.

Color or race-as white, black (negro or negro de-(4) scent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. (5)

Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. (6) (7)

(8) (9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-

wife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre-birth or death, or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated

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"(k) No person shall wilfully alter any certificate of

M. S. King. Ols

PLACE OF BIRTH County of hell lacs	STATE OF MINNESOTA		
Township of Princelon	Division of Vital Statistics  RECORD OF BIRTH		
Village of	Reg. District No		
SEX OF Twin and Number in order of birth	Legiti- mate BIRTH DATE OF Feb. 19 191/ (Month) (day) (year		
POST OFFICE ADDRESS FATHER	FULL MAIDEN Sha a Jacucke POST OFFICE ADDRESS		
OR RACE - W AGE AT LAST 25 BIRTHDAY (Years)	COLOR OR RACE OW AGE AT LAST Z Y BIRTHDAY (Years)		
BIRTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY) Minn		
OCCUPATION Farmer	OCCUPATION Anote		
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING		

I hereby certify that (I attended) the birth of above child, (and that it) of	ccurred on 2-19 19 / Fat /2 PN
(Signature) R. Caley Cross out words which do not apply.  Dated 2 70 19 1	Address Princeton
(Attending Physician, Midwife, Father, Informant)—Cross out word	is which do not apply.
What steps have been taken to prevent ophthalmia neonatorum?	······································
Filed 3-14 19 12 albert Kuhzeld Ad	ldress
Registrar	

finement shall within ten (10) days thereafter furnish for death occurred. Coroners shall report the deaths of all registration to the local health officer in cities and villages, cases coming under their jurisdiction to the city health offior to the township clerk in townships, wherein a birth oc- cer, village recorder, or township clerk of the place wherein curred, a certificate giving the place of birth, date of birth, the birth or death occurred. These reports must be made name of child, sex and color, and such other information as upon blanks furnished for that purpose by the Minnesota is required on the blanks furnished for the return of a birth State Board of Health, giving the information, so far as by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, public or charitable institution, shall give notice of every same have been copied in their register. birth or death happening among the persons under his charge to the health officer or recorder in cities and villages, ter 454, Laws of 1907.

Any physician or midwife having attended a case of con- or to the township clerk in townships, wherein the birth or possible, asked for on blank.

Local health officers in cities, village recorders in villages, the village recorder in villages, or to the township clerk in and township clerks in townships throughout the State of townships, wherein they reside, of the birth of a child or a Minnesota, shall on or before the 10th day of each month, death in the family whenever no physician or midwife, as transmit to the Secretary of the State Board of Health, upon the case may be, was in attendance. The keeper or other blanks furnished by said Board for that purpose, all the officer, of every workhouse, poor house, reform school, jail, original reports of births and deaths which have been reprison, hospital, asylum, lying-in house hospital or other ceived by them during the month preceding and after the

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# Extracts from Chapter 454, Laws of 1907.

(1) Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house

(2) Full name of child.

(3) Sex. Color or race-as white, black (negro or negro de-(4)

scent), Indian, Chinese, Japanese, or other. Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day.

(6)Full name of father, with age. Birthplace of father, state or foreign country. (8)

Occupation of father. (9)

Chi King. Vin

Maiden name of mother, with age. (10)

Birthplace of mother, state or foreign country. (11)

Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or midwife. (15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered. "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born pre- birth or death, or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree."

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"(k) No person shall wilfully alter any certificate of

N. B.-In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of high, stated MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

County of Mile Caco	STATE OF MINNESOTA Division of Vital Statistics
(p, -1)	
I Ownship of	RECORD OF BIRTH
Village of	Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
	(No, St.; Ward)
FULL NAME OF CHILD	Pauleon   If child is not yet named, make supplemental report as directed.
COULD Twin A and	Number in order of birth Legitimate S BIRTH (Month) (day) (year)
FULL Shu P FATHER	MAIDEN Mary J. MOTHER LESON
POST OFFICE ADDRESS	POST OFFICE ADDRESS
COLOR OR RACE W AGE AT LAST BIRTHDAY	COLOR OR RAGE WWW AGE AT LAST 2 4 (Years)
SIRTHPLACE (STATE OR COUNTRY) Sweden	BIRTHPLACE (STATE OR COUNTRY)  Manni
OCCUPATION Laborer	OCCUPATION Awife
NUMBER OF CHILD OF THIS MOTHER	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
CERTIFICATE OF AT	TTENDING PHYSICIAN, MIDWIFE OR PARENT 30
I hereby certify that (I attended) the birtl	h of above child, (and that it) occurred on $4-7$ , 19 // at $4P_{M}$
(Signature) G. R. Caley	Cross out words which do not apply.  Dated 4-7.  19//, Address.  Wife, Father, Informant)—Cross out words which do not apply.
What steps have been taken to prevent o	phthalmja neonatorum?
Filed 3-14 19/2 allee	

finement shall within ten (10) days thereafter furnish for death occurred. Coroners shall report the deaths of all registration to the local health officer in cities and villages, cases coming under their jurisdiction to the city health offior to the township clerk in townships, wherein a birth oc- cer, village recorder, or township clerk of the place wherein curred, a certificate giving the place of birth, date of birth, the birth or death occurred. These reports must be made name of child, sex and color, and such other information as upon blanks furnished for that purpose by the Minnesota is required on the blanks furnished for the return of a birth State Board of Health, giving the information, so far as by the Minnesota State Board of Health.

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Any physician or midwife having attended a case of con- or to the township clerk in townships, wherein the birth or possible, asked for on blank.

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  - (2) Full name of child.
  - (3)
- Color or race-as white, black (negro or negro de-(4) scent), Indian, Chinese, Japanese, or other.
  - Condition-as twins, illegitimate, etc. (5)
- (6)
- Date of birth, including year, month and day. Full name of father, with age. Birthplace of father, state or foreign country. (8)
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living. (14) Signature and address of attending physican or mid-
- wife.
  - (15) Signature and address of informant. (16) Signature and address of reporting official.
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County of	FBIRTH		STATE OF MINNESOTA Division of Vital Statistics  RECORD OF BIRTH  Reg. District No			
Township of Tu	ucelon					
OR Village of		Reg. Distr				
City of FULL NAME OF CHILD		87		(If chi	ld is not yet	ward) named, make rt as directed.
SEX OF Z	Single Twin Triplet	and Number in order of birth	Legiti- mate 48		Eine Month)	
POST OFFICE ADDRESS	FATHER		FULL MAIDEN HAME POST OFFICE ADDRESS	the may	MOTHER .	eon
COLOR OR RACE MS	AGE / BIRTH	AT LAST HO	COLOR OR RACE	20	AGE AT LAS BIRTHDAY	Years)
(STATE OR COUNTRY)		2	BIRTHPLACE (STATE OR CO	UNTRY)		
OCCUPATION TO	er		OCCUPATION	Hurse		
Tarme	1	1		* * * * * * * * * * * * * * * * * * * *		11
NUMBER OF CHILD	OF THIS MOTHER 7		NUMBER O	F CHILDREN OF THIS	MOTHER, NOW LI	VING 7

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Full name of child.

(3)

(9)

(4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc. Date of birth, including year, month and day. (6)

(7) Full name of father, with age.

Birthplace of father, state or foreign country.

Occupation of father.

(10) Maiden name of mother, with age. (11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or midwife.

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PLACE OF BIR	тн	STATE OF MINNESOTA  Division of Vital Statistics  RECORD OF BIRTH			
County of Mille Ja					
Township of Trince	elon				
Village of	Reg. Distri	No. in Registration Book			
City of	(No	, St.;Ward).			
FULL NAME OF CHILD	Saufor	If child is not yet named, make supplemental report as directed.			
SEX OF CHILD A Sin	and in order	Legiti- mate 45 DATE OF Jone 6 191 / (Month) (day) (year			
FULL NAME W M V.	FATHER	MAIDEN MUSTELLA MOTHER MAME MUSTELLA POSTER			
POST OFFICE ADDRESS		POST OFFICE ADDRESS			
COLOR OR RACE	AGE AT LAST 44 (Years)	COLOR OR RACE 46 AGE AT LAST 39 (Years)			
BIRTHPLACE (STATE OR COUNTRY)	m	BIRTHPLACE (STATE OR COUNTRY)			
occupation Indge of	Probate	OCCUPATION Hur Le			
NUMBER OF CHILD OF THIS	MOTHER 7	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING			
CERT	IFICATE OF ATTENDING	PHYSICIAN, MIDWIFE OR PARENT 30			
	ttended) the birth of above cl	hild, (and that it) occurred on 6 - 16 19/1 at/09.			
(Signature) J. R. C	aley Dated 6	which do not apply.  19 1/1, Address Prince to a command)—Cross out words which do not apply.			
	ken to prevent ophthalmia ne				
Filed 3-17 19.)	V albert Kuk	field Address //			

finement shall within ten (10) days thereafter furnish for death occurred. Coroners shall report the deaths of all registration to the local health officer in cities and villages, cases coming under their jurisdiction to the city health offior to the township clerk in townships, wherein a birth oc- cer, village recorder, or township clerk of the place wherein curred, a certificate giving the place of birth, date of birth, the birth or death occurred. These reports must be made name of child, sex and color, and such other information as upon blanks furnished for that purpose by the Minnesota is required on the blanks furnished for the return of a birth State Board of Health, giving the information, so far as

by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, Local health officers in cities, village recorders in villages, prison, hospital, asylum, lying-in house hospital or other ceived by them during the month preceding and after the public or charitable institution, shall give notice of every same have been copied in their register. birth or death happening among the persons under his See Sections 2131 and 2142, Revised Laws, 1905, also Chapcharge to the health officer or recorder in cities and villages, ter 454, Laws of 1907.

Any physician or midwife having attended a case of con- or to the township clerk in townships, wherein the birth or possible, asked for on blank.

the village recorder in villages, or to the township clerk in and township clerks in townships throughout the State of townships, wherein they reside, of the birth of a child or a Minnesota, shall on or before the 10th day of each month, death in the family whenever no physician or midwife, as transmit to the Secretary of the State Board of Health, upon the case may be, was in attendance. The keeper or other blanks furnished by said Board for that purpose, all the officer, of every workhouse, poor house, reform school, jail, original reports of births and deaths which have been re-

#### Extracts from Chapter 454, Laws of 1907.

items:

Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child. (2) (3)

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition-as twins, illegitimate, etc.

(6) Date of birth, including year, month and day. (7)

Full name of father, with age. Birthplace of father, state or foreign country. (8) (9)

Occupation of father. (10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother. (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physican or mid-

(15) Signature and address of informant.

(16) Signature and address of reporting official. (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prebirth or death, or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree.'

"(j) The certificate of birth shall contain the following children, but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of

No.

PLACE OF BIRTH County of Mill Lace	STATE OF MINNESOTA Division of Vital Statistics
Township of Trucelon	RECORD OF BIRTH
OR (Above n	No. in Registration Book
SEX OF Single and Number in order of birth	Legiti- mate  DATE OF Selfy (Month)  (day) (year)
FULL NAME LOVING R. FATHER  POST OFFICE ADDRESS	FULL MAIDEN Lily M. Lilman  POST OFFICE ADDRESS F
COLOR OR RACE W AGE AT LAST TO (Years)	COLOR OR RACE W AGE AT LAST 26 (Years)
B'RTHPLACE (STATE OR COUNTRY)	BIRTHPLACE (STATE OR COUNTRY)
OCCUPATION Driver for drayman	OCCUPATION Awise
NUMBER OF CHILD OF THIS MOTHER 3	NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING
(Signature)	onatorum?

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# Extracts from Chapter 454, Laws of 1907.

(1) Place of birth, including state and county, together as deaths without medical attendance. with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

Full name of child. (3)

Sex. (4) Color or race-as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

Condition-as twins, illegitimate, etc.

Date of birth, including year, month and day.

Full name of father, with age. Birthplace of father, state or foreign country. (8) (9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country. (12) Occupation of mother.

(13) Number of child of this mother and number of chil-

dren of this mother now living. (14) Signature and address of attending physican or midwife.

(15) Signature and address of informant. (16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prebirth or death, or any copy of the same after the same is maturely, the period of uterogestation in months, if known; filed in the office of the local registrar. Any person who and a burial or removal permit, in usual form, shall be re- shall violate any provision of this paragraph shall be guilty quired. Midwives shall not sign certificates for stillborn of forgery in second degree.

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This return should preferably be made by the person who made the original. RESERVED FOR BINDING

PLACE OF BIRTH*  County of MMM Jana 1	STATE OF MINNESOTA Division of Vital Statistics
Township of SUPPL  or  Village of	Register No.* 23 Ward
FULL NAME Woodrow Wildiam (Given or christian name, in full)	in Johnson (Surname)
Sex of child* Muale Twin triplet or other?	Date of Birth* (Day) (Year)
*These items to be entered by the Registrar before giving out this form.  *Signature)  FATHER  I hereby certify that the child description of the	FULL MOTHER MAIDEN CY MOTHER  ribed herein has been named as stated above.  Informant.

#### SUPPLEMENTAL REPORT OF GIVEN OR CHRISTIAN NAME OF CHILD.

When any certificate of birth of a living child is presented without statement of the given or christian name the local registrar shall deliver to the informant a special blank for the report of the given or christian name of the child, which shall be filled out with the full name of the child, including given or christian name and surname, as soon as said child shall be named, and this shall be delivered to the local registrar.

Registrars should enter the given or christian names upon the local registers and return the slips to the Secretary of the State Board of Health when making the returns of births and deaths on the fifth day of the following month.

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