The Commonwealth of Massachusetts PLACE OF BIRTH OFFICE OF THE SECRETARY (City or/town) RETURN OF BIRTH Registered No..... City or Town of If child is not yet named, make 2 FULL NAME OF CHILD supplemental report, as directed 4 Twin, triplet, 4a Number in 5 Born alive or still-6 Date of 3 Sex of birth.... order of birth Child (To be answered only in event of plural births) (Month) (Day) (Year) FATHER MOTHER 8 FULL NAME BEFORE 7 FULL NAME MARRIAGE 10 RESIDENCE No. 9 RESIDENCE No. (City or town (City or town) AGE AT LAST 11 COLOR 13 COLOR BIRTHDAY .. BIRTHDAY OR RACE OR RAC (Years) (Years) 15 BIRTHPLACE 16 BIRTHPLACE (State of country) (City or town) (City or town) (State or country) 17 OCCUPATION 18 OCCUPATION 19 Attendant at birth... (Physician midwife, father, mother, etc.) (Name) Address No. City or town) Dated Did above-named personally attend the birth? (Mouth) (Day) (Year) 20 Received at office Given name added from a supplemental report of city or town clerk. (Day) (Year) (Day) (Year) (Month) A true copy REGISTRAR REGISTRAR