

FORM IX.—*Certificate of having been in bonâ fide practice as a Midwife for a period of at least one year prior to the 31st July, 1902, and of being of Good Moral Character.*

(See Section D 4 above.)

I certify that _____ has, to my personal knowledge, been in bonâ fide practice as a Midwife since _____, and that she is trustworthy, sober, and of good moral character.

Dated this _____ day of _____ 19
 Name _____
 Address _____
 Calling or position _____
 Signature of applicant _____

FORM X.

Central Midwives Board.

(2 Edw. 7, c. 17.)

No. _____ Date _____

We hereby certify that _____ is entitled by law to practise as a midwife in accordance with the provisions of the Midwives Act, 1902, and subject to the rules and regulations laid down in pursuance thereof, by virtue of holding a certificate in Midwifery from

- (a.) The Royal College of Physicians of Ireland
 or (b.) The Obstetrical Society of London
 or (c.) The Coombe Lying-in Hospital and Guinness's Dispensary
 or (d.) The Rotunda Hospital for the Relief of the poor Lying in Women of Dublin
 or (e.) Some other approved body.

Secretary.

} Members
 of the
 Board.

FORM XI.

Central Midwives Board.

(2 Edw. 7, c. 17.)

No. _____ Date _____

We hereby certify that _____ is entitled by law to practise as a midwife in accordance with the provisions of the Midwives Act, 1902, and subject to the rules and regulations laid down in pursuance thereof, by virtue of having been in bonâ fide practice as a midwife for one year prior to the 31st July, 1902.

Secretary.

} Members
 of the
 Board.

FORM XII.

Midwives Act, 1902, Section 10.

To the Local Supervising Authority of the Administrative County of _____
 or the County Borough of _____, or the Urban or Rural District of _____

I, A.B. (formerly) _____ C.) holding a certificate from the Central Midwives Board, No. _____ dated the _____ of _____ 19 _____, hereby give you notice *(a) of my intention to practise as a midwife within your area during the year commencing 1st January, 19 _____.

*or, (b) that on the _____ day of _____, in this year, I acted as a midwife at _____, within your area.

(Signed) A.B.

Residing at _____ and pursuing my calling at _____
 Dated this _____ day of _____ 19 _____

* Strike out the words not applicable.

These Rules and Forms may be obtained at