

(1) PLACE OF BIRTH

County of AlleghenyTownship of Beulahor
Inc. Town of Alleghenyor
City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Patricia C. Cherry

File No.—For State Registrar Only

3980

Registration District No. 1606Registered No. 10
(For use of Local Registrar)

St. Ward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 1-16-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Patricia Cherry

(9) PRESENT POSTOFFICE OF FATHER

Allegheny

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Allegheny Co

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Ullrich

(15) PRESENT POSTOFFICE OF MOTHER

Allegheny

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Allegheny Co

(19) OCCUPATION

Wife

(20) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Allegheny

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mar)

(27) Filed

3/20-1922

(28)

W. L. Rogers

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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