

Form No. 10.
MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of York

Township of Bethlehem

or
Inc. Town of

or
City of

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Timothy Burris } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ungie Burris
(9) PRESENT POSTOFFICE OF FATHER M. C. Cornellsville
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE A. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Burris
(15) PRESENT POSTOFFICE OF MOTHER M. C. Cornellsville
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE A. C.
(19) OCCUPATION House + Field work
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matilda Sealy
(24) State whether Physician or Midwife Midwife (25) Address M. C. Cornellsville

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness A. H. Love
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 1 1916 (28) A. H. Love 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.