

5968

Registration District No. 5-0-4 Registered No. 27
(For use of Local Registrar)

own of.....

(if birth occurs in a hospital)

(No. 61-11111 of street and number.)

(No.)
Signal other institution, give name of same instead
Charles Webster Haynes

If child is not yet named, make

(4) **Town or Village?**

(4) **Twin**

To be answered only in event of Twins or Triplets

(3) Number in order of birth

(10) **Are Parents Involved?**

DATE OF 10 23

BIRTH *March 11, 1923*

(b) FULL NAME

FATHER
George Hadzary

9) **PRESENT
POSTOFFICE
OF FATHER**

Albinde

(10) COLOR ON PAGE

White

(11) AGE AT LAST BIRTHDAY

29

(12) ~~CONFIDENTIAL~~

as well as

(13) ~~obscuring~~

For me

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(26) (Signature)

(24) State whether Physician or not

(25) Address of Physician or Midwife

(Given name added from a supplement-
al report

(26) Witness

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

(27) Filed 6

April 1, 1923 (25) U. S. ...
Local Registrar
could make this return.

..... Registrar

*When there was no attending physician or midwife, state: _____
If a child breathes even once, it must not be reported as stillborn. No report is
before the fifth month of pregnancy.