

(1) PLACE OF BIRTH

County of OrangeTownship of DelmarInc. Town of
or

City of

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

Registration District No. 3504

File No.—For State Registrar Only

42005

X

(2) Full Name of Child Charles R. Smith, Jr.

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

(1) BOY OR GIRL? Boy

FATHER

(2) Number in order of birth 2(3) Are Parents Married? Yes(7) DATE OF BIRTH October 23
(Name of Month) (Day) (Year)

(4) FULL NAME

(5) PRESENT POSTOFFICE OF FATHER

(6) COLOR OF FACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Delmar on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John A. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) Filed 11/10/23

(28)

Registrar

If 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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