

File No.—For State Registrar Only
52983

State Board of Health

Registration District No. 3105 Registered No. 21

(For use of Local Registrar)

Registration District No. 3105 Registered No. 21

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

(2) Full Name of Child: Elizabeth Gleason .. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 11, 1916</u> (Name of Month) (Day) (Year)
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FATHER

3) FULL NAME *Walter J. Lane*

(2) PRESENT
POSTOFFICE
OF FATHER *Brookland*

(1) COLOR (11) AGE AT LAST
OR BIRTHDAY 26
RACE White (Years)

(2) BIRTHPLACE Richmond Co

3. OCCUPATION Cook Kitchen

20) Number of children born to mother, including present birth } 3

MOTHERS

(14) NAME BEFORE MARRIAGE *Netherland*

(15) PRESENT POSTOFFICE OF MOTHER *Brooklyn, N.Y.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *25* (Years)

(18) BIRTHPLACE *Algeria*

(19) OCCUPATION *Domestic*

(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 Alive at 7 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. P. G. [Signature]

(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 by man)

(27) Filed 3/28 1916 (28) J. L. Starnes
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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