

(1) PLACE OF BIRTH

County of *Franklin*

Township of *Franklin*

Inc. Town of *Franklin*

City of *Franklin*

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

(2) Full Name of Child

If child is not yet named, supply supplemental name as indicated

(3) BOY OR GIRL <i>13</i>	(4) Twin or Triplet? <i>Y</i>	(5) Number in order of birth <i>Y</i>	(6) Now Married <i>Yes</i>	(7) DATE OF BIRTH <i>May 20 1900</i>
FATHER'S				MOTHER'S
(8) FULL NAME <i>Wade Hefner</i>				(9) NAME BEFORE MARRIAGE <i>Betha Brown</i>
(10) PRESENT POSTOFFICE OF FATHER <i>Lancaster, Pa</i>				(11) PRESENT POSTOFFICE OF MOTHER <i>Lancaster, Pa</i>
(12) COLOR OR RACE <i>other</i>	(13) AGE AT LAST BIRTHDAY <i>39</i>	(14) COLOR OR RACE <i>white</i>	(15) AGE AT LAST BIRTHDAY <i>29</i>	(16) BIRTHPLACE <i>Lancaster, Pa</i>
(17) OCCUPATION <i>Mill operative</i>				(18) OCCUPATION <i>Housewife</i>
(19) Number of children born to mother, including present birth <i>3</i>				(20) Number of children of this mother now living, including present birth <i>2</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) *W. D. Hefner*

(23) State whether Physician or Midwife (24) Address of Physician or Midwife *Lancaster, Pa*

Given under my hand and seal of office this *4th* day of *July* 190*7*

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Dated *4/27* 190*7* (27) *W. D. Hefner* Lower Merion, Pa

When there was no attending physician or midwife then the father, householder, etc. should make report of a child born or stillborn. No report is desired of stillbirth before birth month of pregnancy.

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