

County of Westchester State of New York
 Bureau of Vital Statistics
 State Board of Health
 Township of Ward Registration District No. 112.5 Registered No. 140
 or (For use of Local Registrar)
 Inc. Town of _____ St.: _____ Ward)
 or _____
 City of _____ (No. _____)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Mathie Rhodan Cornu If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>32</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 15, 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Preston Nae Cornu</u>			(14) NAME BEFORE MARRIAGE <u>Rosalie Boyd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cataraugus Sc</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cataraugus Sc</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>York County Pa</u>			(18) BIRTHPLACE <u>York County Pa</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housekeeping</u>	
20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated.

(23) (Signature) W. J. M. M.
 (24) State whether Physician or Midwife _____

Given name added from a supplemental report

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

(27) Filed 7/20 1916 (28) A. G. Westbrook 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.