

FILE NO. — FOR OFFICE USE ONLY

4650

Registration District No. 34 in A Registered No. 9.....
(For use of Local Registrar)

At: Ward:

if birth occurs in a hospital or other institution, give name of same instead of street and number

Name of other institution, or name of home: Manus Creek Ferry

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

3) BUY OR
GIVE? *42*

4) Tota
or Triplet?

5) Number in
order of birth

To be answered only in event of Totus or Triplet

6. Are Parents Married? *Yes* DATE OF BIRTH *Feb 13 1923*
(Name of Month) (Day) (Year)

FATHER

MOTHER

11 FULL NAME John J. O'Connell

10 NAME BEFORE MARRIAGE *John Paul Jones*

PRESENT
POSTOFFICE
OF FATHER *1200 46.*

15) PRESENT POSTOFFICE OF MOTHER *100-1-10, 25*

1) COLOR
OR
RACE

2) AGE AT LAST
BIRTHDAY

17 COLOR OR RACE 17 AGE AT LAST BIRTHDAY 32 (Years)

12. BIRTHPLACE

IN BIRTHPLACE

12) OCCUPATION -

10 OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR SURGEON

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

(25) Address of Physician or Midwife

3) (b)(7)(C) - Exemption from disclosure of information which would constitute a substantial invasion of privacy.

(Signature of Witness necessary only when question 22 is signed by mark)

[illegible]

When there was a child born, the mother, etc., should make this return.