

(1) PLACE OF BIRTH

County of Franklin
 Township of St. John
 Inc. Town of

City of

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

CERTIFICATE OF BIRTH

State of New Hampshire
 Office of Vital Statistics
 State Board of Health

Registration District No. 701

RECEIVED

21579

Registered No. 21579

(For use of Local Health Officer)

(2) Full Name of Child William Bryan

If child is not yet named, give supplemental name or names

(3) SEX OF CHILD Boy (4) Type of Birth Full term (5) Number in order of birth 1st (6) Date of Birth Nov. 2, 1922

FATHER

(8) FULL NAME Jesse Bryan

(9) PRESENT RESIDENCE OF FATHER M. B. Bethse

(10) COLOR OF SKIN negro (11) AGE AT LAST BIRTHDAY 29

(12) BIRTHPLACE Berkley County

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 12

MOTHER

(16) FULL NAME Mabel Lagace

(17) PRESENT RESIDENCE OF MOTHER M. B. Bethse

(18) COLOR OF SKIN negro (19) AGE AT LAST BIRTHDAY 28

(20) BIRTHPLACE Berkley County

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Caroline Manigault

(25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife M. B. Bethse

Given name added from a supplemental report

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

(28) Filed Nov. 2, 1922 (29) H. C. M. A.

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is due before the fifth month of pregnancy.