

K O D A

County of Philadelphia  
City of Philadelphia

**CERTIFICATE OF BIRTH**  
STATE OF PENNSYLVANIA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 1014

Res. Town of .....

Registration District No. 1014

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 Ammon Williams

(1) SEX Male (2) Age 1 (3) Date of Birth 10/10/1914 (4) Date of Death .....

**FATHER**  
(1) NAME Ammon Williams  
(2) ADDRESS Edinboro, Pa.  
(3) COLOR White (4) AGE 30 (5) OCCUPATION Farmer

**MOTHER**  
(1) NAME Rosa Williams  
(2) ADDRESS Edinboro, Pa.  
(3) COLOR Negro (4) AGE 25 (5) OCCUPATION Farmer's wife

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(10) I hereby certify that I attended the birth of this child, who was... Ammon Williams on the date above stated.

(11) (Signature) Rachael Delaney (12) State whether Physician or Midwife

Given name added from a supplemental report

(13) Witness Ammon Williams (14) Date 10/10/1914

When there was no attending physician or midwife, this form shall be filled out by a person who was present at the birth of the child, and who was not a relative of the mother.