

(1) FATHER'S NAME

CERTIFICATE OF BIRTH

STATE OF NEW YORK
Bureau of Vital Statistics
State Board of Health

3242

County of ...

Township of ...

No. ...

Registration District No. ...

332

33

City of ...

No. ...

...

2) Full Name of Child

...

1) ... 2) ... 3) ... 4) ... 5) ...

FATHER
(1) FULL NAME James Raymond ...
(2) PRESENT RESIDENCE ...
(3) COLOR ... (4) AGE AT LAST BIRTHDAY ...
(5) BIRTHPLACE ...
(6) OCCUPATION ...
(7) Number of children born to mother, including present birth ...

MOTHER
(1) FULL NAME Martha Ba Justice
(2) PRESENT RESIDENCE ...
(3) COLOR ... (4) AGE AT LAST BIRTHDAY ...
(5) BIRTHPLACE ...
(6) OCCUPATION ...
(7) Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child ...

(2) (Signature) ...

(3) Name of Physician or Midwife ...

(4) ... (5) ... (6) ...

(7) ... (8) ... (9) ...

(10) ... (11) ... (12) ...