

## (1) PLACE OF BIRTH

County of MarlboroTownship of Red Hill

or

Inc. Town of

or

City of

(No. ....) (St. ....) (Ward ....)

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

(2) Full Name of Child Mary Jane Jones } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of twins or triplets.(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 22 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Wilson(9) PRESENT POSTOFFICE OF FATHER Blutonium(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Marlboro(13) OCCUPATION Labour(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Jones(15) PRESENT POSTOFFICE OF MOTHER Blutonium(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Marlboro(19) OCCUPATION Labour(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Marlboro M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. M. Wilson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blutonium

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 28 1916 (28) W. M. Wilson 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia.

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