

Lancaster
Pa.
of

CERTIFICATE OF BIRTH
State of Pennsylvania
Department of Public Health

14656

Registration District No. *3* Registration No. *34*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child *Henrietta Knight* If child is not yet named, make name within report as desired

Sex *girl* Race *white* Date of Birth *March 15, 1923*

FATHER
Colord (10) AGE AT LAST BIRTH *18*
(Years)

MOTHER
(16) NAME BEFORE MARRIAGE *Martha Knight*
(17) NAME OF MARRIAGE *Takahara*
(18) COLOR *Colord* (19) AGE AT LAST BIRTH *18*
(Years)
(20) BIRTHPLACE *D.C.*
(21) OCCUPATION *Homemaking*

Number of children born to mother, including present birth *2*
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was *Born alive* (Born alive or stillborn) (How A. M. or P. M.)
on the date above stated.

(22) (Signature) *Henrietta Frazer* (23) Address of Physician or Midwife
(24) State whether Physician or Midwife *Midwife* *Lancaster Pa. R. 2*

Name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(26) Filed *June 7, 1923* (27) *A. M. Hinen* Local Registrar

If 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.