

CERTIFICATE OF BIRTH

RECEIVED BY THE REGISTRAR
 DEPARTMENT OF HEALTH
 STATE HOUSE OF MASSACHUSETTS

1950-51
 3850

Name of Mother *Flora M. Effingham*
 Residence of *Effingham*
 City of *Effingham*
 State of *Massachusetts*

Registration District No. *5*
 Registered No. *5*
 (For use of Local Registrar)

Day of *July* (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Month of *July*
 Year of *1950*

Full Name of Child *William Ding Clary* (If child is not yet named, make supplemental report as directed)

Sex *Boy* (1) *Yes* (2) *No*
 Type of Birth *Normal*
 Date of Birth *July 12 1950*
 (1) *Yes* (2) *No*

Full Name of Father *D.K. Ding Clary*
 Present Residence of Father *Effingham*
 City of *Effingham*
 State of *Massachusetts*
 (1) *Yes* (2) *No*
 Color of Hair *Blk*
 Color of Eyes *Blk*
 Color of Skin *Blk*
 Birthplace *For minor*
 Occupation *For minor*

MOTHER
 (1) NAME BEFORE MARRIAGE *Edna Gibbs*
 (2) PRESENT RESIDENCE OF MOTHER *Effingham*
 (3) COLOR OF HAIR *Blk*
 (4) COLOR OF EYES *Blk*
 (5) COLOR OF SKIN *Blk*
 (6) BIRTHPLACE *D.C.*
 (7) OCCUPATION
 (8) NUMBER OF CHILDREN OF THE MOTHER NOW ALIVE, INCLUDING PRESENT BORN *6*

CERTIFICATE OF ATTENDING PHYSICIAN *Dr. J. H. Davis*

I hereby certify that I attended the birth of this child, who was *born alive* (born alive or stillborn) (Hour A. M. or P. M.) *8:30*

(1) (Signature) *J. H. Davis* (2) Address of Physician or Midwife *Effingham*

(3) (Signature) *J. H. Davis* (4) Address of Registrar or Midwife *Effingham*