

(1) PLACE OF BIRTH

County of Massachusetts
 Township of Hillside
 Precinct of Danvers
 State of Massachusetts

CERTIFICATE OF BIRTH

STATE OF MASSACHUSETTS
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 606Registered No. 23
(For use of Local Registrar)(2) Full Name of Child Adam Smith

If child is not yet named, make supplemental report as soon as

(3) SEX Boy (4) Type Normal (5) Number to order of birth 1 (6) Date of birth Dec 23
 To be answered only in case of Twin or Triplet (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FATHER
 (3) FULL NAME George Smith
 (4) PRESENT RESIDENCE OF FATHER Dont know
 (5) COLOR Colard (6) AGE AT LAST BIRTHDAY 32
 (7) BIRTHPLACE Dont know
 (8) OCCUPATION Dont know
 (9) Number of children born to mother, including present birth 3

MOTHER
 (10) NAME BEFORE MARRIAGE Matilda Anderson
 (11) PRESENT RESIDENCE OF MOTHER Danverskie Island
 (12) COLOR White (13) AGE AT LAST BIRTHDAY 27
 (14) BIRTHPLACE Danverskie Island
 (15) OCCUPATION House keeping
 (16) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(32) (Signature) Susan J. Shaw (33) State whether Physician or Midwife Midwife (34) Address of Physician or Midwife Danverskie Island

Given name added from a supplemental report

(35) Witness Josephine Hoeyner (36) Signature of Witness necessary only when question 33 is signed by mark

(37) Filed Dec 10th 1923 (38) J. W. White

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required if a child breathes even once. It must not be reported as stillborn. No report is required before the fifth month of pregnancy.