

(1) PLACE OF BIRTH

County of Orange

Township of *Wagawagoo*

OF

REC. TOWN OF 10

City of ...Hempstead...

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

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin

(5) Number in order of birth

(8) Are ~~any~~
FURTHER

(7) DATE OF

BIRTH. 1902 10 2
(Month) (Day) (Year)

FATHER:

(8) FULL

PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

013 BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Albert at 7:45 M.
on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness

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

(27) FUK

(25) ~~Local Bankers~~

When there was no attending physician or midwife, then the father, householders, 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.