

(1) PLACE OF BIRTH

County of Albany, N.Y.Township of Albany, N.Y.City of Albany, N.Y.

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

CERTIFICATE OF BIRTH

STATE OF NEW YORK

Bureau of Vital Statistics

State Board of Health

Registration District No. 20NEW YORK STATE
1902Registered No. 4
(For use of Local Registrar)(2) Full Name of Child Charles R. Kitchings

(If child is not yet named, make name of child as given by mother)

(1) SEX OF CHILD <u>Boy</u>	(2) TYPE OF BIRTH <u>Normal</u>	(3) NUMBER OF CHILDREN <u>1</u>	(4) AGE OF CHILD <u>7-20</u>	(5) DATE OF BIRTH <u>July 7, 1902</u>
(6) NAME OF FATHER <u>J. B. Kitchings</u>		(7) NAME OF MOTHER <u>Mary</u>		
(8) OCCUPATION OF FATHER <u>Farmer</u>		(9) OCCUPATION OF MOTHER <u>Farmer</u>		
(10) COLOR OF FATHER <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(12) COLOR OF MOTHER <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>40</u>	(14) BIRTHPLACE <u>Albany, N.Y.</u>
(15) BIRTHPLACE <u>Albany, N.Y.</u>	(16) OCCUPATION <u>Farmer</u>	(17) BIRTHPLACE <u>Albany, N.Y.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>Albany, N.Y.</u>
(20) Number of children born to mother, including present one <u>10</u>		(21) Number of children of the father now living, including present one <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (How A. M. or P. M.)(23) (Signature) Maria Baker(24) State/whether Physician or Midwife Physician(25) Address of Physician or Midwife Albany, N.Y.(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. B. Kitchings(27) Signed 7/10/02 (28) Local Registrar J. B. Kitchings

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 or required before the fifth month of pregnancy.