

Date of Birth .....  
 Place of Birth .....  
 Registration District No. 4401  
 (For use of local health officer)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Full Name of Child Thomas Ryle

SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F AGE 13 RACE W OCCUPATION Farmer RELATIONSHIP TO CHILD FATHER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F AGE 25 RACE W OCCUPATION Farmer RELATIONSHIP TO CHILD MOTHER
NAME OF FATHER Thomas Adkin ADDRESS OF FATHER Rock Hill #7 CITY OF FATHER York Co N.Y. STATE OF FATHER N.Y. COUNTY OF FATHER Albany	NAME OF MOTHER Mrs. May Clinton ADDRESS OF MOTHER R. H. #7 CITY OF MOTHER York Co N.Y. STATE OF MOTHER N.Y. COUNTY OF MOTHER Albany

I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated.  
 (Signature) .....  
 State whether Physician or Midwife M.D.  
 (Witness) .....  
 (Signature of Witness necessary only when question 23 is signed by mother)  
 (Filed) 9/13/23

If there was no attending physician or midwife, then the father, householder, etc., should make this report.  
 If a child dies before birth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.