

67703

Township of York

Inc. Town of York Registration District No. 1105 Registered No. 141
(For use of Local Registrar)
City of York (No. 1 St. 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Mattie Crawford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 7 18 1906
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Bob Crawford

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Chesapeake

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 8

MOTHER
(14) NAME BEFORE MARRIAGE Rebecca Crawford

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Chesapeake

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura M. Ingram

(24) State whether Physician or Midwife (25) Address of Physician or Midwife York

Given name added from a supplemental report

(26) Witness J. M. Gadsden

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

(27) Filed 7-24-06

(28)

Local Registrar

*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 of stillbirths before the fifth month of pregnancy.