

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Darby  
 Township of Darby  
 or  
 Inc. Town of.....  
 or  
 City of.....

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

James Dowling

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Dowling  
 (9) PRESENT POSTOFFICE OF FATHER Darby  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (12) BIRTHPLACE Darby  
 (13) OCCUPATION Farm  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Handy  
 (15) PRESENT POSTOFFICE OF MOTHER Darby  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (18) BIRTHPLACE Darby  
 (19) OCCUPATION Farm Hand  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) James S. Scurran  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darby

Given name added from a supplemental report

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

(27) Filed 9/20 22 (28) John Coome 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.