

(1) PLACE OF BIRTH

County of DorchesterTownship of Cornor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institutions give name of same instead of street and number.)(2) Full Name of Child James Stephen (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) Age-Parents Married? Yes (7) DATE OF BIRTH Apr 14 1922
(Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John Storkle</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Knight</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Harleysville Pa</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Harleysville Pa</u>
(17) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Dorchester County</u>	(18) BIRTHPLACE <u>Dorchester County</u>	(19) OCCUPATION <u>car driver</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Barthelme nt. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mattie Knight (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harleysville Pa

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
19 Registrar	(27) Filed <u>12/10/22</u> (28) <u>Pho Taylor</u> 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.