

(1) PLACE OF BIRTH

County of York

Township of Livingston

Inc. Town of .....

City of .....

(2) Full Name of Child .....

**CERTIFICATE OF BIRTH**  
STATE OF NEW YORK  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 4407

**NEW-YORK-1000**  
**30654**

Registered No. 119  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

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

(a) SEX OF CHILD <u>Boy</u>	(b) AGE OF CHILD <u>1/2</u>	(c) NUMBER OF CHILDREN <u>4</u>	(d) DATE OF BIRTH <u>July 26, 1923</u>
FATHER		MOTHER	
(1) NAME <u>Ernest Jackson</u>		(1) NAME BEFORE MARRIAGE <u>Bessie Jenkins</u>	
(2) PRESENT RESIDENCE OF FATHER <u>Plomer st</u>		(2) PRESENT RESIDENCE OF MOTHER <u>Plomer st</u>	
(3) COLOR OR RACE <u>W</u>		(3) COLOR OR RACE <u>W</u>	
(4) BIRTHPLACE <u>York Co</u>		(4) BIRTHPLACE <u>York</u>	
(5) OCCUPATION <u>Farmer</u>		(5) OCCUPATION <u>Housewife</u>	
(6) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN <u>4</u>		(6) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT BORN <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) W. B. Hall  
(24) State whether, Physician or Midwife  
(25) Address of Physician or Midwife Plomer st.

Given name added from a supplementary report .....

(26) Witness (Signature of Witness necessary only when question 22 is signed by physician or midwife) Edmore

(27) Filed Oct 3, 1923 (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.

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