

(1) STATE OF NEW YORK

County of Saratoga
Township of "
In the Town of "
City of "

CERTIFICATE OF BIRTH

State of New York
County of Saratoga
State Board of Health

Registration District No. 3109 Registration No. 61
(For use of Local Authorities)

(2) Full Name of Child Ernest Mackles If child is not yet named, make designation.

(3) SEX OF CHILD Boy (4) AGE 40 (5) DATE OF BIRTH July 9, 1912

FATHER: (1) NAME William S. Nicholas (2) RESIDENCE Saratoga Co. (3) COLOR White (4) HEIGHT 45" (5) BUILD Saratoga Co. (6) OCCUPATION Farmer.

MOTHER: (1) NAME Nettie Lee Shaver (2) RESIDENCE Saratoga Co. (3) COLOR White (4) HEIGHT 40" (5) BUILD Saratoga Co. (6) OCCUPATION Domestic

(7) Number of children born to mother, including present one 7 (8) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(9) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (10) (Signature) Dr. J. Robert M.D. (11) Date whether Physician or Midwife M.D. (12) Address of Physician or Midwife Saratoga

Given name added from a supplementary report
(13) Witness (Signature of Witness necessary only when question is signed by mark)
(14) Filed July 9, 1912 (15) Dr. C. E. Taylor 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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