

(1) PLACE OF BIRTH

County of Chester

Township of Radnor

Inc. Town of Cornwall

City of

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

(2) Full Name of Child Samuel

Sex Male

Age 1 Year

Weight 15 POUNDS

Height 20 INCHES

Color Caucasian

Build Medium

Complexion Fair

Birth date 1920

Birth time 7 P.M.

Occupation Farmer

Address 121

City Radnor

State Pa.

Number of children born to mother, including current birth 1

Number of children of this mother 1

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(13) (Signature) Marion Stearns

(14) Since whether Physician or Midwife

(15) Address of Physician or Midwife Cornwall Pa.

Given name added from a supplemental report

(16) Witness (Signature of Witness necessary only when question 15 is signed by mark)

(17) Date 1/20/20

(18) Place Radnor Pa.

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.