

## PLACE OF BIRTH

County of Hyattsville  
 City of Hyattsville  
 Town of .....

## CERTIFICATE OF BIRTH

STATE OF MARYLAND  
 Bureau of Vital Statistics  
 State Board of Health

## REGISTRATION NO.

24141

Registration District No. 4704 Registered No. 91  
 (For use of Local Registrar)

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

Full Name of Child Albert C. Connick If child is not yet named, make supplemental report as directed

Sex By Age 18 Months 18 Days 21  
 Date of Birth Aug 18 1924

FATHER  
 Full Name Jim M. Connick  
 Present Residence of Father Henningson St.  
 Color W Age at last birthday 49  
 Birthplace LA  
 Occupation Farmer

MOTHER  
 Full Name Dora Hughes  
 Present Residence of Mother Henningson St.  
 Color W Age at last birthday 38  
 Birthplace LA  
 Occupation housewife

Number of children born to mother, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated.

(28) (Signature) Q. E. Eads

(29) State whether Physician or Midwife

(30) Address of Physician or Midwife Johnsville, Pa.

Give name added from a supplemental report

Miss Mary  
Jan. 18 1924  
Midwife

(31) Witness

(Signature of witness necessary only when question is signed by mark)

(32) Date Jan. 25 1924 (33) L. H. Loe  
 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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