

(1) PLACE OF BIRTH

County of Barnstable
Township of 0. m.
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
State of Massachusetts
State Board of Health

Registration District No. 1404 Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child James Seare (If child is not yet named, make supplemental report as directed)

(a) SEX OF CHILD Boy (b) AGE OF CHILD 4 (c) DATE OF BIRTH Jan 21 1923

FATHER: (1) FULL NAME James Seare (2) PRESENT RESIDENCE OF FATHER Eschardt S.C. (3) COLOR OF FATHER Cal (4) AGE AT LAST BIRTHDAY 38 (5) BIRTHPLACE S.C. (6) OCCUPATION Farming (7) Number of children born to mother, including present birth 6

MOTHER: (1) FULL NAME Ada Seare (2) PRESENT RESIDENCE OF MOTHER Eschardt S.C. (3) COLOR OF MOTHER Mc (4) AGE AT LAST BIRTHDAY 35 (5) BIRTHPLACE S.C. (6) OCCUPATION Laborer on Farm (7) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(28) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature) J. J. J. (30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Eschardt S.C.

Given name added from a supplemental report
(32) Witness (Signature of Witness necessary only when question 28 is signed by nurse)
(33) Filed Feb 5 1923 (34) Registrar

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate. If a child breathes even once, it must not be reported as stillborn before the fifth month of age.