

(1) PLACE OF BIRTH

County of *Franklin*

Township of *Franklin*

or Town of

City of

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

(2) Full Name of Child

It shall be not yet named, make supplemental report as directed

(a) SEX OF CHILD *Male*

(b) Type or Variety *Single*

(c) Number in order of birth *1st*

(d) Age *12*

(e) DATE OF BIRTH *12-23*

(a) FULL NAME *George Quincy Black*

(b) PRESENT RESIDENCE OF FATHER *Camden*

(c) COLOR OR RACE *White* (iii) AGE AT LAST BIRTHDAY *22* (Year)

(iii) BIRTHPLACE *Cheshire field Co*

(iv) OCCUPATION *Textile*

(v) Number of children born to mother, including present birth *Two*

(a) FULL NAME *Victoria Carter*

(b) PRESENT RESIDENCE OF MOTHER *Camden*

(c) COLOR OR RACE *White* (iii) AGE AT LAST BIRTHDAY *21* (Year)

(iii) BIRTHPLACE *New York*

(iv) OCCUPATION *Housewife*

(v) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *W. R. Carter*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Camden*

Given name added from a supplemental report

(26) Witness (Signature of Witness *W. R. Carter*) when question 22 is signed

(27) Filed *Nov. 9 1923* (28) *W. R. Carter* 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.