

**14481**

Registered No. ....  
(For use of Local Authorities)

City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) <b>FILE NO.</b> 100-100000-100000	(2) <b>Title or Subject</b> To be processed only in event of Title or Subject	(3) <b>Number in order of birth</b>	(4) <b>Sex</b> Male	(5) <b>DATE OF BIRTH</b> 10-1-1922
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FATHER  
John H. Gore

FOR THE  
POST OFFICE  
OF NEW YORK

(10) COLOR *Clond* (11) AGE AT LAST BIRTHDAY *26*

(10) BIRTHPLACE

Harry C. McC

Hoarding

(2) Number of children born to Leine

(14) NAME OF PERSON  
SIGNATURE *Norma Rouse*

(7) PROJECT OF INTEREST Jobor #1 nC

(16) COLOR OR 10 1 1

(17) AGE AT LAST BIRTHDAY 22

(16) ENTRANCE

Harry C. D.C.

(in) observation 10

Housing

(C1) Number of children of this mother now living, including present birth *9*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(20) (Signature) \_\_\_\_\_  
(21) State whether \_\_\_\_\_ (22) Address of Physician or \_\_\_\_\_

Given name added from a supplemental report

(20) Witness ..... Signature of Witness necessary only  
when question is signed by mark)

Jan 19 23 *Henricus*

\*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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