

County of Philadelphia
Township of Philadelphia
or
Inc. Town of Philadelphia
or
City of Philadelphia

Registration District No. 11.1.1

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

(2) Full Name of Child Thomas Frank

(a) Sex Male (b) Age 1 (c) Date of Birth 5 (d) Time of Birth 7:00
AM (e) Place of Birth Philadelphia, Pa.

FATHER

(1) NAME David Frank

(2) RESIDENCE Leeds St.

(3) COLOR Black (4) AGE AT LAST BIRTH 29

(5) OCCUPATION Charley Co

(6) SIGNATURE Sammy

(7) Number of children born to mother including present one 5

MOTHER

(1) NAME Arlene Head

(2) RESIDENCE Leeds St.

(3) COLOR Black (4) AGE AT LAST BIRTH 27

(5) OCCUPATION Charley Co

(6) SIGNATURE House Wife

(7) Number of children of the mother now living including present one 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) Adeline Tany

(30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Leeds St.

Given name added from a supplementary report

(32) Witness (Signature of Witness necessary only when question 28 is signed by birth)

(33) Place Philadelphia Date Feb 11 1911

When this is a statement of a physician or midwife, then the father, mother, and child must be named and the child must be named as well as the mother. No report is required before the first month of pregnancy.