

Form No. 1

(1) PLACE OF BIRTH

County of BarndisTownship of Fish Pondor
Inc. Town ofor
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

John H. 2

File No.—For State Registrar Only

40941

Registration District No. 462Registered No. 72
(For use of Local Registrar)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>12 / 1 / 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Hall(9) PRESENT POSTOFFICE OF FATHER Ember S.P.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE S.P.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Haynes(15) PRESENT POSTOFFICE OF MOTHER Branchville S.P.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE S.P.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Gold(24) State whether Physician or Midwife (25) Address of Physician or Midwife Barndis S.P.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/8 1922 (28) J. H. Gold 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.