

3883

1983

**Registration No.** .....  
**(For use of Local Registrar)**

(No. .... St. .... Ward)  
(Institution, give name of same instead of street and number.)

(2) Full Name of Child \_\_\_\_\_

(2) DIV OR CITY	(4) Title or Position	(5) Number in order of birth	(6) Age in years	(7) Date of birth
gulf port	Director		45	10/10/1918

FATHER: William Jennings  
MOTHER: Anna Graham

PRESENT ADDRESS OF FATHER Berlin, Germany (18) PRESENT ADDRESS OF MOTHER Berlin, Germany

(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY
White	25	White	25
(14) SEX	(15) BIRTHPLACE	(16) SEX	(17) BIRTHPLACE
Male	USA	Male	USA

121 OCCUPATION Farmer

Firma: \_\_\_\_\_

28 Number of children born to mother, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN ON NEWBORN**

NAME OF CHILD Baron SEX Male DATE OF BIRTH 3-1-59

DATE OF EXAMINATION 3-1-59 PLACE Born

(28) I hereby certify that I attended the birth of said child who was born \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year at \_\_\_\_\_ city or village \_\_\_\_\_ county \_\_\_\_\_ State of \_\_\_\_\_ as the date above stated.

(29) \_\_\_\_\_  
Signature

(30) \_\_\_\_\_  
Physician or Surgeon

Midwife Betty Ward

23-10-C-Hell

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THE NEW YORK PUBLIC LIBRARY  
ASTOR LENOX TILDEN FOUNDATION  
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NEW YORK 36, N.Y.

IT IS CALLED "BURNING" EVEN WHEN IT IS