

(1) PLACE OF BIRTH

County of York

Township of

or
The Town ofor
City of Batavia, N. Y.

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

(2) Full Name of Child Jennifer MackeyRegistered No. 17
(For use of Local Registrar)Registration District No. 4404

(No. St.; Ward)

(If child is not yet named, make supplemental report as directed)

(3) SEX <u>Female</u>	(4) Twin or Triplet To be reported only in event of Twin or Triplet	(5) Number in order of birth	(6) Age <u>Yes</u> Months	(7) DATE OF BIRTH <u>Feb 25</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Otis Mackey(9) PRESENT POSTOFFICE OF FATHER Batavia(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Ill.(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Rollin(15) PRESENT POSTOFFICE OF MOTHER Batavia, N. Y.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Ill.(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 3 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Ann K. Smith
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Batavia, N. Y.

(Given name added from a supplemental report)

(25) Witness John J. Smith
(Signature of Witness necessary only when question 23 is signed or mark)(26) Filed 3/14 23 (27) 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.