

## (1) PLACE OF BIRTH

County of YorkTownship of Brood fiveor  
Inc. Town of .....or  
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 Ruby Allison Brown

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr. 6  
(Month of Month) (Day) (Year)

## FATHER

(8) FULL NAME Nickerson(9) PRESENT POSTOFFICE OF FATHER Nickerson Ave(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY  
(Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Brook Gordon(15) PRESENT POSTOFFICE OF MOTHER Nickerson Ave(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY  
(Years)(18) BIRTHPLACE York Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive  
on the date above stated.

(Born alive or stillborn)

(Born A.M. or P.M.)

(23) (Signature) B. D. Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date June 16, 1922(28) C. H. Kiley

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.