

File No. — For State Registrar Only
29483

County of Cornwall

Township of

Inc. ^{or} Town of Wach. Abbe

OF

City of

Registration District No. 3.1.1.

Registered No. 44.....
(The use of Local Registrar)

(For use of Local Registrar)

(No. _____ St. _____ Ward) _____
(Indicate name of same instead of street and number.)

(If birth occurs in a hospital or other institution, give name of same instead of street and no.)

(2) Full Name of Child Neville Lee

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

(2) BOY OR
CARLE

(4) **Twin
or Triplet?**
To be named

(2) Number in order of birth
event of Twins or Triplets

Are
Parents
Married *Yes*

(7) DATE OF BIRTH Sept 19 1923
(Name of Month) (Day) (Year)

FATHER

(b) FULL NAME John Lee

(9) PRESENT POSTOFFICE OF FATHER Alfred

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(15) ~~CONFIDENTIAL~~ *CONFIDENTIAL*

(13) OCCUPATION

Mell hand

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

MOTELIER.

(10) NAME BEFORE MARRIAGE Gula Brock

(16) PRESENT POSTOFFICE OF ADDRESS Wacholls S S

(16) COLOR OR *rust* (17) AGE AT LAST BIRTHDAY..... *21*.....

RACE W. Ind
(10) WHITEPINE

Green Coast

(10) OCCUPATION 21

Household

(21) Number of children of this mother 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

CERTIFICATE OF ATTENDING PHYSICIAN ON

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

(28) (Signature)

(24) State of New York

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) **Witness**

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed .

Local Residents:

..... Registrant

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.