

(1) PLACE ON FRONT

CERTIFICATE OF BIRTH

STANDARD FORM NO. 100-10
 PREPARED BY THE BUREAU OF
 STATISTICS, DEPARTMENT OF HEALTH

County LehighTownship LehighLoc. ownRegistration Number 2461Registered No. 169City Lehigh(No. 169)

(For use of local registrar)

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

(2) Full Name of Child William Lehigh

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

3. OF AGE 1 4. Sex Male 5. Registered yes 6. Any yes
 (a) yes (b) yes (c) yes (d) yes
 (e) yes (f) yes (g) yes (h) yes

FATHER

MOTHER

7. FULL NAME William Lehigh14. NAME, BIRTH, MARRIAGE William Lehigh8. PRESENT RESIDENCE Lehigh15. PRESENT RESIDENCE Lehigh9. COLOR White 11. AGE AT LAST BIRTH 1616. COLOR White 17. AGE AT LAST BIRTH 1610. BIRTHPLACE Lehigh18. BIRTHPLACE Lehigh12. OCCUPATION Lehigh19. OCCUPATION Lehigh13. ADDRESS Lehigh20. ADDRESS Lehigh

CERTIFICATE OF BIRTH (FOR ATTENDING PHYSICIAN OR MIDWIFE)

(21) I hereby certify that on the 1st day of June 1916, at Lehigh, Pa., I have attended the birth of a child, whose name is William Lehigh.

(22) (Signature) William Lehigh (23) (Signature) William Lehigh
 (24) (Signature) William Lehigh (25) (Signature) William Lehigh

(26) (Signature) William Lehigh
 (27) (Signature) William Lehigh

(28) (Signature) William Lehigh
 (29) (Signature) William Lehigh

When there are two attending physicians or midwives, each should make this report. If a child is born in a hospital, the report should be made by the attending physician or midwife. If a child is born in a home, the report should be made by the attending physician or midwife.