

PMA No. For State Registrar Only

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14

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

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

(7) DATE OF BIRTH Dec. 27
(Name of Month) (Day) (Year)

Hattie Jackson

Greenwood

Am

Copy J. E.

Wife

(20) Number of children of this mother now living (including adopted) _____

CERTIFICATE OF ATTENDING PHYSICIAN ON IMPRISONMENT

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

Patsy & P. worked

(24) State whether Physician Is Address of Physician or M.D. Is

Abstract

Alternative Witness necessary and
other matters to be presented by motion.

Feb 31 1906 Joseph Lake

[illegible]