

Plus de 100 ans d'expérience

6930

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Registered No. 29

(For use of Local Registrar)

(No. St. Ward)

(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

(7) DATE OF BIRTH Feb 28 1923

WATER

(10) NAME BEFORE MARRIAGE Francis Cockfield

(19) PRESENT
RESIDENCE
OF MOTHER *Noranton P.S.*

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *42*

16. BIRTHPLACE *London*

15. OCCUPATION

72. Signature of director of this center _____

CERTIFICATE OF ATTENDING PHYSICIAN ON SUBVICT

(20) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M.
on the date above stated. James A. H. of N.Y.

(S) (U) (S) (U)

DATE: 11/11/2011

(20) Address of Psychologist: Madison

There were other things that I suggested
the people

1980