

(1) PLACE OF BIRTH

County of LexingtonTownship of Co. Yorkor
Inc. Town of
or
City of York, Pa.(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 Jacob Earl Meitze If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 18, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Earl Meitze(9) PRESENT POSTOFFICE OF FATHER New Brookland(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Lexington Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie McNeil(15) PRESENT POSTOFFICE OF MOTHER Brookland(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Lexington Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Long(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1929 Park

Given name added from a supplemental report

191....

Registrar

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

(27) Filed 3/28, 1916 (28) J. C. Long 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.

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WHITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.