

40276

State Board of Health

Registered No. N.Y.

(For use of Local Registrar)

City of (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 John Robert Hauer If child is not yet named, make

2025 RELEASE UNDER E.O. 14176

(1) SEX OR GENDER *1* (2) Title or Position *7* (3) Number in order of birth (4) Age *1* (5) DATE OF BIRTH *1 6 1953*
(Name of Month) (Day) (Year)

FATHER

MOTHER.

(4) FULL NAME Phillip Moore

(14) NAME BEFORE MARRIAGE Allen Gibson

PRESENT POST OFFICE OF FATHER *Marsby Jr*

(10) PRESENT
CUSTODIAN
OF MOTHER *Maria Snyff de*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *32*
(Type)

(16) COLOR OR RACE *Anglo* (17) AGE AT LAST BIRTHDAY *20*

11th DISTRICT

(16) BIRTHPLACE Amoria

(12) OCCUPATION *Farmer*

(16) OCCUPATION *Domestic.*

(50) Number of children born to mother, including present birth 1 7

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(20) (Signature)

(34) State whether Physician or Midwife	(35) Address of Physician or Midwife
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Given name added from a supplemental report

(20) Witness

(Signature of Witness necessary only
when question 28 is signed by inmate)

(27) FROG 127..... (28).....

When there was no attending physician or midwife, then the father, householder, or other person present must report the birth to the nearest health officer. If a child breathes even once, it must not be reported as stillborn. No report is required if the child is born dead. The birth must be reported before the fifth month of pregnancy.