

City of Yonkers
 State of New York
 Registration District No. 4408 Registered No. 707
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Full Name of Child Charles H. Haskins If child is not yet named, give temporary name.
 Sex Boy (1) Sex or Name of Child (2) Date of Birth Nov 4 1923
 (3) Number in order of birth (4) Age of Child 4/2
 (5) Number of children born to mother (6) Date of Birth of Child
 FATHER: Floyd Haskins MOTHER: Ila Wasta
 (7) Present Address of Father Yonkers (8) Present Address of Mother Yonkers
 (9) Color White (10) Age at Last Birthday 34 (11) Color White (12) Age at Last Birthday 30
 (13) Birthplace Charles (14) Birthplace Charles
 (15) Occupation None (16) Occupation Housewife
 (17) Number of children of this mother now living, including present birth (18) Number of children of this mother now living, including present birth
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
 (19) (Signature) John J. Haskins (20) (Signature) John J. Haskins
 (21) Since whether Physician or Midwife (22) Address of Physician or Midwife
 (23) Witness (24) Witness
 (25) Date Nov 6 1923 (26) Date Nov 6 1923
 (27) If there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.