

NAME OF CHILD *Elizabeth*
DATE OF BIRTH *1908*
PLACE OF BIRTH *St. John*
SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE *[Signature]*
SIGNATURE OF MOTHER *[Signature]*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of CHILD *Elizabeth*

SEX *girl* AGE *1* MONTHS *13* DAYS *13*
DATE OF BIRTH *1908*

FATHER *Unknown* MOTHER *Kathleen*

PREVIOUS RECORD OF BIRTH *None* PREVIOUS RECORD OF MOTHER *None*

COLORED *Colored* AGE AT LAST BIRTH *7*

RESIDENCE *Ridgely St*

OCCUPATION *Servant*

Number of children born to mother bearing present child *1* Number of children of the mother now living, including present child *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(28) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) (Sex M, F, or 2-22)

(29) Signature of Physician or Midwife *[Signature]* (30) Address of Physician or Midwife *St. John*

NAME AND ADDRESS OF REGISTRAR *[Signature]*

DATE OF REGISTRATION *1908*

PLACE OF REGISTRATION *St. John*

OFFICIAL USE