

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 1.

(1) PLACE OF BIRTH
County of Barnstable
Township of Barnstable
or Inc. Town of Barnstable
or City of Barnstable
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
State of Massachusetts
Registration District No. 400
Registered No. 233
(For use of Local Authorities)

(2) Full Name of Child Donald Edward Campbell
Sex Male Date of Birth July 23 1923
Time of Birth 2:15 P.M.
Place of Birth Barnstable

PATERNAL
(1) NAME John Lewis Jacobs
(2) ADDRESS Barnstable
(3) COLOR White (4) AGE AT LAST BIRTH 26
(5) BIRTHPLACE Barnstable
(6) OCCUPATION Lawyer
(7) Number of children born to mother, including present one 1

MATERNAL
(1) NAME Lorris Hulla
(2) ADDRESS Barnstable
(3) COLOR White (4) AGE AT LAST BIRTH 28
(5) BIRTHPLACE Barnstable
(6) OCCUPATION Housewife
(7) Number of children of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(8) I hereby certify that I attended the birth of this child, who was born alive or stillborn (See A. M. or P. M.) on the date above stated.
(9) (Signature) S. J. Jacobs
(10) State whether Physician or Midwife Physician
(11) Address of Physician or Midwife Barnstable
Given name added from a supplemental report None
(12) Witness (Signature of Witness necessary only when question 8 is signed by mother) John Campbell
(13) Dated July 23 1923

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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