

(1) PLACE OF BIRTH

County of Providence

Township of Providence

City of Providence

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH  
STATE OF RHODE ISLAND  
Bureau of Vital Statistics  
State House of Representatives

Registration District No. 3-0

Registration No. 7  
(For use of Local Registrar)

(2) Full Name of Child Genevieve Adams

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) TIME OF BIRTH 10:00 (5) DATE OF BIRTH Jan 5-22

FATHER: (6) NAME Paul Adams (7) RESIDENCE Wicklaxton, R.I. (8) COLOR White (9) AGE AT LAST BIRTHDAY 39 (10) BIRTHPLACE Wicklaxton, R.I. (11) OCCUPATION Milk Worker -

MOTHER: (12) NAME Sadie Smith (13) RESIDENCE Wicklaxton, R.I. (14) COLOR White (15) AGE AT LAST BIRTHDAY 34 (16) BIRTHPLACE Guernsey, R.I. (17) OCCUPATION Housewife

(18) Number of children born to mother, including present one Two (19) Number of children of this mother now living, including present one Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(21) (Signature) W. E. Smith (22) State whether Physician or Midwife Physician

Given name added from a supplemental report

(23) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(24) Filed 2-13-22 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

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