

Form No. 1. **BIRTH**

(1) PLACE OF BIRTH

County of *York*Township of *Chemung*or
Inc. Town of
or
City of

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

(2) Full Name of Child

Nathaniel Robert Coleman child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is he or she in care of twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Feb. 27, 1906

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was *born alive* at *5-A* on the date above stated. (Date & Loc. of B. S. S.)(17) (Signature) *J. A. M. C.*

(18) Address of Physician or Midwife (19) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness

(Signature of Witness necessary only when question 16 is signed by father)

(21) Filed

*3/4/06**1*

(22)

When there was no attending physician or midwife, then the father, householder, etc. should make this report as child was born, and if the child is stillborn, the report is checked at "stillborn" and the date of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITING 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 3.

McCaw, of Columbia.