

PLATE OF BIRTH  
County of Krishna  
City of Madras  
or  
Town of Blangy, P.S.  
or  
City of .....

**CERTIFICATE OF BIRTH**  
JOURNAL OF THE GOVERNMENT  
BUREAU OF VITAL STATISTICS  
State Board of Health

14018

Registration District No. .... Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jessie Wylee Brennan If child is not yet named, make supplemental report as directed.

(1) SEX OF CHILD Female (2) TYPE OF BIRTH Normal (3) NUMBER OF CHILDREN BORN TO MOTHER 4 (4) DATE OF BIRTH Feb 27, 1926  
(Month) (Day) (Year)

**FATHER.**  
(5) FULL NAME Joseph Krishnan Brennan  
(6) PRESENT RESIDENCE OF FATHER Blangy, P.S.  
(7) COLOR OF SKIN N (8) AGE AT LAST BIRTHDAY 29  
(9) BIRTHPLACE Krishna Co. P.S.  
(10) OCCUPATION Farmer  
(11) Number of children born to father, including present one 3

**MOTHER.**  
(12) NAME BEFORE MARRIAGE Adora Anderson  
(13) PRESENT RESIDENCE OF MOTHER Blangy, P.S.  
(14) COLOR OF SKIN N (15) AGE AT LAST BIRTHDAY 24  
(16) BIRTHPLACE Virginia  
(17) OCCUPATION House wife  
(18) Number of children of this mother now living, including present one 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
(19) I hereby certify that I attended the birth of this child, who was .... born alive ....  
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)  
(20) (Signature) Core Attest  
(21) State whether Physician or Midwife (22) Address of Physician or Midwife

Given name added from a supplemental report  
(23) Witness .....  
(24) Filed ..... (25) Registrar

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