

Form No. 5

(11) PLACE OF BIRTH

County of Orange
 Township of Vernon
 or
 Name, Town of _____
 or
 City of _____

(12) Birth occurs in a hospital or other institution, give name of city located of street and number.)

(13) Full Name of Child James Bruce Dimmick (Name of Mother) Lelia Treadaway (Name of Father) John R. Dimmick

(14) Date on _____	(15) Twin or Triple? <input checked="" type="checkbox"/> To be answered only in event of Twins or Triplets	(16) Number of _____	(17) Are <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(18) State of _____ Mother <u>Conn</u> (Name of Mother) <u>Lelia Treadaway</u>
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(19) FULL NAME <u>James Bruce Dimmick</u>	
(20) PARENT, FATHER OR MOTHER <u>John R. Dimmick</u>	
(21) COLOR OR RACE <u>white</u>	(22) AGE AT LAST BIRTHDAY <u>50</u> (Years)
(23) BIRTHPLACE <u>Orange</u>	
(24) OCCUPATION <u>Farmer</u>	
(25) Number of children born to mother, including present birth: <u>7</u>	

(26) NAME, ADDRESS <u>Lelia Treadaway</u>	
(27) PARENT, MOTHER OR FATHER <u>John R. Dimmick</u>	
(28) COLOR OR RACE <u>white</u>	(29) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(30) BIRTHPLACE <u>Orange</u>	
(31) OCCUPATION <u>wife</u>	

(32) Number of children of this mother; now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(33) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M.
 on the date above stated.
 (34) (Signature) John A. M. or P. M.
 (35) State whether Physician or Midwife Physician (36) Name of Physician or Midwife John A. M. or P. M.

Given name added from a supplemental report

(37) Witness John A. M. or P. M.
 (Signature of Witness necessary only
 when question 33 is answered by death)

(38) Filed 11/10/73 (39) J. L. T. 10/2/73
 Local 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 stillborns before the 28th week of pregnancy.