

County of Hamilton
City of Buffalo
Town of

Office of the Registrar
Bureau of Vital Statistics
State Board of Health

40925

Registration District No. 7402

Registered No. 146
(For use of Local Registrar)

City of (No.) (Date.) (Sex.) (Weight.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Christina Ruth (If child is not yet named, make appropriate record as above)

SEX <u>Boy</u>	AGE <u>1</u>	STATUS <u>Yes</u>	DATE <u>Dec 13</u>
FATHER <u>J. C. Renty</u>		MOTHER <u>Alma Renty</u>	
RESIDENCE <u>Mileys St</u>		RESIDENCE <u>Mileys St</u>	
HAIR <u>white</u>	AGE AT LAST BIRTHDAY <u>78</u>	HAIR <u>white</u>	AGE AT LAST BIRTHDAY <u>78</u>
BIRTHPLACE <u>H. Co</u>		BIRTHPLACE <u>H. Co, Sp</u>	
OCCUPATION <u>Public work</u>		OCCUPATION <u>Housework</u>	
Number of children born to mother, including present birth		Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.
(23) (Signature) Mrs. J. P. Smith
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Hamilton

Given name added from a supplementary report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Dec 15 (28) Local Registrar

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