

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH *NORTH ATLANTIC OCEAN - WESTBOUND VOYAGE 18*

County *AT SEA - LAT 40°-51'N* State *NEW JERSEY* Registered No. _____

Township _____ or Village _____
LONG 50°-41'W

City _____ No. *SHIPS' HOSPITAL - S.S. GEO. WASHINGTON* St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME OF CHILD *Edward George Prigge*

Sex of Child *m* Twin, triplet, or other? ☒ Number in order of birth *1* Legitimate? Write "Yes" or "No" *Yes* Date of birth *May 8*, 19*23*
(Month) (Day) (Year)

FATHER
FULL NAME *George John Prigge*
RESIDENCE *Blumenthal, Germany*
COLOR OR RACE *white* AGE AT LAST BIRTHDAY *25* (Years)
BIRTHPLACE *Germany.*
OCCUPATION
(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed or employer *Agriculture*
No. of children born to this mother, including present birth *1* No. of children of this mother now living *1*

MOTHER
FULL MAIDEN NAME *Johanna Kohlman*
RESIDENCE *& same*
COLOR OR RACE *white* AGE AT LAST BIRTHDAY *23* (Years)
BIRTHPLACE *Germany.*
OCCUPATION
(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed or employer *Housework*
(c) Date immediately preceding confinement to which such employment continued _____

What Preventive for Ophthalmia Neonatorum was used? *Ag NO₃ - + Argrol-*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated at *7:10 P.M.*

Given name added from a supplemental report _____, 19 _____

(Signature) *Jay M. Schaffer*

Date *5/8/23* *Physician*
(Physician or Midwife)

Address *S.S. Geo. Washington*

Filed _____, 19 _____

Registrar.

Registrar.

