

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

County

State NEW JERSEY

Registered No.

Township

or Village

or

City

No.

St.,

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME OF CHILD

Sex of Child

Twin, triplet, or other?

Number in order of birth

Legitimate? Write "Yes" or "No"

Date of birth

Aug 2-1923

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed or employer

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(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed or employer

(c) Date immediately preceding confinement to which such employment continued

No. of children born to this mother, including present birth

No. of children of this mother now living

What Preventive for Ophthalmia Neonatorum was used?

I hereby certify that I attended the birth of this child, who was born alive on the date above stated at 3:15 p. M.

(Signature) Jay M Schaffer M.D.

Date

Physician

(Physician or Midwife.)

Address Surgeon S/S GEO. WASHINGTON

Filed

Registrar.

Registrar.

inches

centimeters

1 2 3 4 5 6 7 8 9 10 11 (A) 12 13 14 15

16 (M) 17 18 (B) 19 20 21 22 23 24 25 26 27 28 29 30

D50 Illuminant, 2 degree observer

Density

0.04 0.09 0.15 0.22 0.36 0.51

Golden Thread

0.75 0.98 1.24 1.67 2.04 2.42

Colors by Munsell Color Services Lab

Don Williams