

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 Pat. Fra. State NEW JERSEY Registered No. Long 400-151 N. Township Pat. 640-47 W. or Village City No. St., Ward

FULL NAME OF CHILD Clara Agnes Cieniuch

Sex of Child F. Twin, triplet, or other? Number in order of birth 1 Legitimate? Write "Yes" or "No" Yes Date of birth Aug 2-1923, 19... (Month) (Day) (Year)

FATHER FULL NAME John N. Cieniuch RESIDENCE 847 May St Chicago Ill. COLOR OR RACE W AGE AT LAST BIRTHDAY 35 (Years) BIRTHPLACE Poland.

MOTHER FULL MAIDEN NAME Agnes Kaezor RESIDENCE 847 May St Chicago Ill. COLOR OR RACE W AGE AT LAST BIRTHDAY 26 (Years) BIRTHPLACE Poland

OCCUPATION (a) Trade, profession, or particular kind of work Ironworker (b) General nature of industry, business, or establishment in which employed or employer Foundry No. of children born to this mother, including present birth 3 No. of children of this mother now living 3

OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed or employer Houseworker (c) Date immediately preceding confinement to which such employment continued

What Preventive for Ophthalmia Neonatorum was used? A.G.N.O. 3 Argrol Intervals

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.)

Given name added from a supplemental report, 19

Address Surgeon S/S GEO. WASHINGTON

Filed, 19 Registrar.

