

MAKING PRESERVED FOR PERMANENT RECORD. 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.

PLACE OF BIRTH *174* DEPARTMENT OF HEALTH.  
BUREAU OF VITAL STATISTICS.  
STATE OF NEW JERSEY.

County of *Burlington*  
Township of *Flonuce*  
or  
Village of  
or  
City of (No. ....) St.; ..... Ward)

Registered No. ....  
City. ....

Street and Number. ....

FULL NAME OF CHILD *Beatrice Thelma Weest* } If child is not yet named, make supplemental report, as directed

Sex of Child *Female* Twin, triplet, or other? *v* Number in order of birth *v* Legitimate? *yes* Date of birth *July 7, 1921*  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	<i>Ford J. Weest</i>	FULL MAIDEN NAME	<i>Helen M. Vais</i>
RESIDENCE	<i>Flonuce n j</i>	RESIDENCE	<i>Flonuce n j</i>
COLOR	<i>white</i>	COLOR	<i>white</i>
AGE AT LAST BIRTHDAY	<i>24</i> (Years)	AGE AT LAST BIRTHDAY	<i>19</i> (Years)
BIRTHPLACE	<i>America</i>	BIRTHPLACE	<i>America</i>
OCCUPATION	<i>Rope maker</i>	OCCUPATION	<i>Housewife</i>

Number of children born to this mother, including present birth *2* Number of children of this mother now living *2* What preventive for ophthalmia neonatorum .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *7:30 P.M.*, on the date above stated.  
(Born alive or Stillborn)

(Signature) *David Baird Jr*  
*Physician*  
(Physician or Midwife)

Address *Flonuce n j*

Filed *July 11, 1921* *B. L. Carter*  
Registrar.

Give name added from a supplemental report ....., 19 .....

Registrar.