

18846
NEW JERSEY STATE DEPARTMENT OF HEALTH

BIRTH No. 129-

(Will be inserted by State Office.)

974M

1. PLACE OF BIRTH a. COUNTY Burlington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE b. COUNTY	
b. CITY BOROUGH TOWNSHIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Check box and give name) Mansfield		c. CITY BOROUGH TOWNSHIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Check box and give name)	
c. NAME (If not in hospital or institution give street address or location) OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS OF MOTHER (If RURAL, P.O. ADDRESS)	

3. CHILD'S NAME
(Type or Print) a. (First) Arthur b. (Middle) James c. (Last) Weeast

4. SEX Male 5a. THIS BIRTH Single Twin Triplet 5b. IF TWIN OR TRIPLET (This child born) 1st 2nd 3rd 6. DATE OF BIRTH (Month) (Day) (Year) September 30, 1919

FATHER OF CHILD
7. FULL NAME a. (First) Ford b. (Middle) ----- c. (Last) Weeast 8. COLOR OR RACE

9. AGE (at time of this birth) YEARS 10. BIRTHPLACE 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD
12. FULL MAIDEN NAME a. (First) Helen b. (Middle) May c. (Last) Pullen 13. COLOR OR RACE

14. AGE (At time of this birth) YEARS 15. BIRTHPLACE 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? b. How many OTHER children were born alive but are now dead? c. How many children were stillborn (born dead after 20 weeks' pregnancy)?

17. INFORMANT I hereby certify that this child was born alive on the date stated above at _____ m.
18a. SIGNATURE 18b. ATTENDANT AT BIRTH M.D. MIDWIFE OTHER (Specify) 18c. ADDRESS 18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)
22a. LENGTH OF PREGNANCY WEEKS 22b. WEIGHT AT BIRTH Lbs. Ozs. 23. LEGITIMATE YES NO 24a. Was a Blood Test for Syphilis made during pregnancy? 24b. Date Specimen Taken
25. What Preventive for Ophthalmia Neonatorum was used? For Congenital Deformity report on form available from hospital record room.