

N. B.—In case of more than one child at a birth, a SEPARATE R. must be made for each, and the number of each, in order of birth, stated.

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

0071818

554

PLACE OF BIRTH

County Burlington State NEW JERSEY Registered No.

Township Homestead or Borough Homestead 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 Lurella Mary Wessel

Sex of Child female Twin, triplet, or other? ✓ Number in order of birth ✓
(To be answered only in event of plural births.)

Legitimate? ✓ Date of birth May 13 1923
Write "Yes" or "No" Yes (Month) (Day) (Year)

FATHER
FULL NAME Jord blue Wessel
RESIDENCE Homestead
COLOR OR RACE White AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE America

MOTHER
FULL NAME Helen May Davis
RESIDENCE Homestead
COLOR OR RACE White AGE AT LAST BIRTHDAY 22
(Years)
BIRTHPLACE America

OCCUPATION
(a) Trade, profession, or particular kind of work Rope maker
(b) General nature of industry, business, or establishment in which employed or employer.....

OCCUPATION
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed or employer.....

No. of children born to this mother, including present birth. 3 No. of children of this mother now living 3

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

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 11 a.m.

Given name added from a supplemental report

....., 19

Registrar.

(Signature) Dave David

Date May 16 Physician

(Physician or Midwife.)

Address Homestead

Filed May 16, 1923

Registrar.