

MACHINE PRESERVED FOR PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for 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)

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

NOTE.—If birth occurs in a hospital or institution or the parents are transient residents, their usual residence should be given on the line below.

Street and Number M.B. City 831

Registered No. _____

Sex of Child Female Twin, triplet, or other? Number in order of birth 1 Legitimate? Date of birth July 7, 1921
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Jord J. Weest</u>	FULL MAIDEN NAME <u>Helen M. Wais</u>	RESIDENCE <u>Flonuce NJ</u>	RESIDENCE <u>Flonuce NJ</u>
COLOR <u>white</u>	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>America</u>	BIRTHPLACE <u>America</u>	OCCUPATION <u>Rope maker</u>	OCCUPATION <u>Housewife</u>
Number of children born to this mother, including present birth <u>2</u>	Number of children of this mother now living <u>2</u>	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.

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

Address Flonuce NJ

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

*When there was no attending physician or midwife, then the father or mother should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give name added from a supplemental report _____, 19____ Registrar.