

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH

County Burlington State NEW JERSEY Registered No. 932

Township Horsene or Borough _____ of _____

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME OF CHILD Thomas Ford Maest

Sex of Child Male Twin, triplet, or other? _____ Number in order of birth ✓ Legitimacy "Yes" or "No." yes Date of birth May 29 1925

FATHER: FULL NAME Ford J Maest RESIDENCE Horsene MOTHER: FULL MAIDEN NAME Helen M Davis RESIDENCE Horsene

COLOR OR RACE White AGE AT LAST BIRTHDAY 30 COLOR OR RACE White AGE AT LAST BIRTHDAY 26

BIRTHPLACE America BIRTHPLACE America

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

No. of children born to this mother, including present birth 5 No. of children of this mother now living 5

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 6 A.M.

Given name added from supplemental report _____ 19 _____

Signature _____ (Signature) David B. ... Date May 25 Address Horsene Received... 19 April 25

Registrar. Local Registrar.