

for each, and the number of each, in order of birth, stated.

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS.

265

PLACE OF BIRTH

County Burlington State NEW JERSEY Registered No. _____

Township Florence or Borough Florence 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 Sylvia May Merritt

Sex of Child Female Twin, triplet, or other? ☒ Number in order of birth 1 Legitimate? "Yes" or "No." No Date of birth Sept 25, 1925
(Month) (Day) (Year)

FULL NAME Ford J. Merritt FATHER FULL MAIDEN NAME Heley May Davis MOTHER

RESIDENCE Florence n. j. RESIDENCE Florence n. j. (MAIL ADDRESS)

COLOR OR RACE White AGE AT LAST BIRTHDAY 29 COLOR OR RACE White AGE AT LAST BIRTHDAY 24
(Years) (Years)

BIRTHPLACE America BIRTHPLACE Florence n. j.

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

No. of children born to this mother, including present birth. 4 No. of children of this mother now living. 4

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 6:30 P. M.

Given name added from a supplemental report _____, 19____

_____, Registrar.

(Signature) Doris Buid Jr.

Date Sept 30 Physician

Address 76 May n. j.

Filed Sept 30, 1925 K. C. Calkins Local Registrar.