

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

124

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 West

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)

FATHER FULL NAME Ford J. West RESIDENCE Florence N.J.

MOTHER FULL MAIDEN NAME Heley May Davis RESIDENCE Florence N.J.

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

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

BIRTHPLACE America

BIRTHPLACE Florence N.J.

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. 4 No. of children of this mother now living. 4

(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 6:30 P. M.

(Signature) Doris Bird Jr.

Date Sept 30 Physician
Physician or Midwife

Given name added from a supplemental report _____, 19____

Address Florence N.J.

Filed Sept 30, 1925 D. Cady
Local Registrar.

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