

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH

County Burlington State NEW JERSEY Registered No. 932Township 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 Romane Ford MaestSex of Child Male Twin, triplet, or other? _____ Number in order of birth 1 Legitimacy "Yes" or "No." Yes Date of birth May 29 1925
(To be answered only in event of plural births.) (Month) (Day) (Year)FATHER FULL NAME Ford J Maest FULL MAIDEN NAME Helen M Davis
RESIDENCE (City, Borough, Etc.) Horsene RESIDENCE (Mail Address) HorseneCOLOR OR RACE White AGE AT LAST BIRTHDAY 30 COLOR OR RACE White AGE AT LAST BIRTHDAY 26
(Years) (Years)BIRTHPLACE America BIRTHPLACE AmericaOCCUPATION (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
Laborer HousewifeWhat Preventive for *Cytrhalmia Menstruorum* 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 _____

Registrar.

(Signature) David B. ...Date May 25 PhysicianAddress Horsene (Physician or Midwife.)Received... 19 May 25

Local Registrar.