

#233

STATE OF NEW JERSEY.

BUREAU OF VITAL STATISTICS.

USE INK AND WRITE PLAINLY

# Certificate and Record of Birth.

810

Name of child Grace Beatrice Weeast  
(In full if possible.)

Sex Female Color White Date of birth July 6, 1921

Place of birth #1622 Mt. Ephraim Ave., Camden N.J.  
[If in city, give name, street and number; if not, give township and county.]

Name of father Herbert D. Weeast Father's birthplace Pipe Fitter N.S.  
(If out of wedlock, write O. W.)

Maiden name of mother Ellen D. Hoague Mother's birthplace U.S.

Age of father 28 1/2 Occupation of father Pipe Fitter

Age of mother 23 1/2 Occupation of mother Housewife

Number of children in all by this marriage 2 Number of children now living 2

Name and P. O. address of professional attendant in own handwriting.

What preventive for opthalmia neonatorum did you use? If none state the reason therefor.  
Del 9301 acid  
Date of this report July 10/21

Arnold G. Hoell M.D.  
(Signature of professional attendant.)

565 9th Street N.W.  
(P. O. address.)

M. Odell

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. No incomplete or mutilated certificate will be received.