

USE INK AND WRITE PLAINLY

Certificate and Record of Birth. 976

Name of child Dorothy Eleanor Weeast
(In full if possible.)

Sex Female Color White Date of birth May 15 1919

Place of birth #1460 Haddon Ave., Camden N.J.
[If in city, give name, street and number; if not, give township and county.]

Name of father Herbert E. Weeast Father's birthplace U.S.
(If out of wedlock, write O. W.)

Maiden name of mother Wm. Hague Mother's birthplace U.S.

Age of father 26 Occupation of father Pipe Fitter

Age of mother 21 Occupation of mother Housewife

Number of children in all by this marriage 1 Number of children now living 1

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

What preventive for ophthalmia neonatorum did you use? If none state the reason therefor.

Not used

Emma E. Howell, M.D.
(Signature of professional attendant.)

Date of this report May 15/19 125 W. 15th St.
(P. O. address.)