

#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, 1921Place 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 C. Weeast Father's birthplace Pipe Fitter N.S.
(If out of wedlock, write O. W.)Maiden name of mother Ellen C. Hague Mother's birthplace U.S.Age of father 28 y. Occupation of father Pipe FitterAge of mother 23 y. Occupation of mother HousewifeNumber 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
ophthalmia neonatorum
did you use? If none state
the reason therefor.

Date of this report

Del
93015
acidJuly 10/21M. OdellLorinda G. Hall M.D.
(Signature of professional attendant.)1765 Tinsion Dr.
(P. O. address.)MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No incomplete or mutilated certificate will be received.