

USE INK
AND
WRITE PLAINLY

CERTIFICATE AND RECORD OF BIRTH

NOTE—IF BIRTH OCCURS
IN A HOSPITAL OR INSTI-
TUTION OR THE PARENTS
ARE TRANSIENT RESIDENTS,
THEIR USUAL RESIDENCE
SHOULD BE GIVEN ON THE
LINES BELOW.

153

STREET AND NUMBER

CITY

Name of child..... James Wesley Winchester.....

(In full if possible.)

Sex..... Male..... Color..... White..... Date of birth..... June 11th..... 1919

Place of birth..... 7 Mitchell Place Newark, N. J.

[If in city, give name, street and number; if not, give township and county.]

Name of father..... Walter Hunt Winick..... Father's birthplace..... U.S.A.....

(If out of wedlock, write O. W.)

Maiden name of mother..... Agnes Marie Sholasty..... Mother's birthplace..... U.S.A.....

Age of mother..... 19..... Occupation of mother..... Housewife..... What preventive for

ophthalmia neonatorum

Age of father..... 21..... Occupation of father..... Pipe fitter..... did you use? If none state

the reason therefor.....

Number of children in all by this marriage..... One..... Number of children living..... one.....

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

*When there was no attending physician or mid-
wife, then either of the parents, registrar or as-
sessor should make this return. Still-births should
be reported on blanks provided for that purpose,
and a child that lives only a short time, such as a
fraction of a minute or longer, should be reported
both as a birth and a death.

(Signature of professional attendant.)

Date of this report..... June 12, 1919..... (P. O. address.)

(P. O. address.)