

1. NAME OF CHILD AT BIRTH (Last, First, Middle)  
 2. SEX  Male  Female  
 3. RACE  White  Negro  Other (Specify) \_\_\_\_\_  
 4. WEIGHT AT BIRTH \_\_\_\_\_ grams  
 5. RELIGION **Roman Catholic**  
 6. OCCUPATION **Student**  
 7. RESIDENCE (House No., Street, Borough) **Philadelphia, Pa.**  
 8. NAME (First, Middle, Last) **Illegitimate**  
 9. CITIZENSHIP **n/s**  
 10. OCCUPATION **n/s**  
 11. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, divorced, or just of Acknowledgment/Admission of Paternity at the back.) **n/s**  
 12. ATTENDANT (Specify) \_\_\_\_\_  
 13. CERTIFICATION OF BIRTH (Time, date, day) I attended the birth of the child who was born at \_\_\_\_\_ at \_\_\_\_\_ o'clock  
 14. SIGNATURE OF ATTENDANT \_\_\_\_\_  
 15. SIGNATURE OF PHYSICIAN \_\_\_\_\_  
 16. SIGNATURE OF MIDWIFE \_\_\_\_\_

17. AGE AT THE TIME OF BIRTH \_\_\_\_\_ years  
 18. AGE AT THE TIME OF DEATH \_\_\_\_\_ years  
 19. No. of children born alive but now dead: \_\_\_\_\_  
 20. No. of children born alive: \_\_\_\_\_  
 21. No. of children born dead: \_\_\_\_\_  
 22. No. of children born stillborn: \_\_\_\_\_  
 23. No. of children born alive but now dead: \_\_\_\_\_  
 24. No. of children born alive: \_\_\_\_\_  
 25. No. of children born dead: \_\_\_\_\_  
 26. No. of children born stillborn: \_\_\_\_\_