

#173

CERTIFICATE OF BIRTH

STATE OF VERMONT

PLACE OF BIRTH

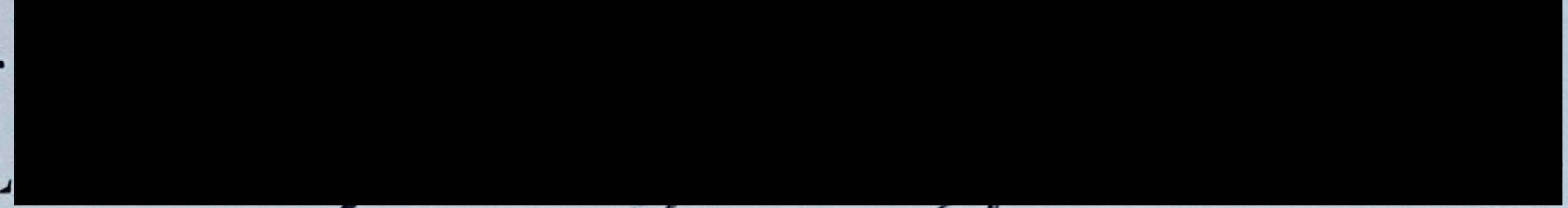
County of *Berlington*

Registered No.

Township of

or *Berlington* (No. *Putnam Mem Hospital* St.; Ward)

Village of

City of 

{ If child is not yet named, make supplemental report, as directed.

FULL NAME OF CHILD

Sex of child *Female* Twin, triplet, or other? No. in order of birth

Legitimate? *yes*

Date of birth *Sept 15*, 19*22*
(Month) (Day) (Year)

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY *23*
(Years)

BIRTHPLACE

OCCUPATION

Number of children born to this mother, including present birth *One*

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY *20*
(Years)

BIRTHPLACE

OCCUPATION

Number of children of this mother now living *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born *Living* at *2:4* A.M., on the date above stated.
(Born alive or Stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. Buchanan*

(Physician or Midwife)

Give name added from a supplemental report

Address *Berlington Vt*

Filed *1-9-*, 19*23* *E. A. Booth*
(Town, City or County Clerk) (Town, City or County Clerk)